Pennsylvania Family Support Programs

NEEDS ASSESSMENT REPORT

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Children's Hospital of Philadelphia
PolicyLab

Contents

Executive Summary

Every five years, states receiving federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) dollars must complete a statewide needs assessment in accordance with guidance from the Maternal and Child Health Bureau and the Administration for Children and Families. PolicyLab, a center of emphasis within the Research Institute of Children's Hospital of Philadelphia, collaborated with the Pennsylvania Office of Child Development and Early Learning (OCDEL) to complete the 2020 Family Support Needs Assessment to meet this requirement.

This report presents a county-level assessment of the health of children, mothers, and families, as well as the social and environmental circumstances of families and communities in the state, including capacity for delivery of home visiting services. We conducted the needs assessment process over the period of January 2019 to October 2020, utilizing multiple methods of data collection, prioritizing a strengths-based, stakeholder-informed approach and infusing community voices. This assessment builds on the foundational work that has been completed over the last eight years of Pennsylvania's MIECHV program.

NEEDS ASSESSMENT OBJECTIVES:

- **Identify communities across the state with concentrations of need.** County need was calculated across six domains comprised of 66 indicators designed to recognize the diversity of social and environmental factors affecting families with young children. The domains chosen were socioeconomic status, maternal and child health, substance use, community environment, child care, and child safety and maltreatment. This approach considers measures that reflect the impact of the social determinants of health, such as environmental quality, rent burden and food access, in addition to traditional measures of health outcomes and health care utilization.

- **Assess the capacity of existing home visiting programs within Pennsylvania's counties and perceived accessibility of community social and health services.** Administrative and community surveys were conducted to explore the nuances of local program delivery, as well as community member perceptions of family needs and community resources.

- **Utilize a strengths-based approach to highlight innovative practices across the state.** Interviews and site visits were conducted to qualitatively investigate stakeholder-nominated practices that are re-shaping service delivery for children and families in local communities.

KEY FINDINGS

- Between fiscal years 2016-17 and 2019-20, the state increased its investment in evidenced-based home visiting (EBHV) slots by 52% and expanded the availability of funds to support two additional EBHV models. In 2019-20, a total of 10,150 program slots were funded through the implementation of six different EBHV models to serve families across all 67 counties.

- The top three functions of home visiting services endorsed as most useful among nearly 300 home visited families surveyed were related to child development and early learning. Specifically, knowing if a child is growing or developing normally; age appropriate play, reading to or teaching children; and providing resources for pre-K or child care education.

- Since the 2014 statewide needs assessment, many of the 67 counties have seen substantive improvement (+5% relative change) on important metrics:

  - *Nearly every county (63) saw improved rates of preterm birth and teen births*

  - *60% of counties (40) saw improvements in infant mortality rates*

  - *Half of counties (32) saw a reduction in the percentage of children under age 5 living in poverty*

- The analysis of county need found that one-third of Pennsylvania counties (23) did not meet the elevated need threshold for any of the six domains. Of the 44 counties reaching elevated need status in at least one domain, 15 met elevated need thresholds in three or more domains.

- The county-level availability and quality of health and social services for families of young children were perceived favorably by more than half of the 2,200 community survey respondents representing all 67 counties.

- Roughly 1 in 2 community survey respondents ranked the overall health of mothers and children in their community as excellent or good.

- The breadth of impact on issues related to substance use, mental health and intimate partner violence facing Pennsylvanian families of young children was clearly messaged from community members and home visiting administrators. Additional concerns regarding poverty, housing, employment and child care remain elevated for many Pennsylvanian families.

Preface

It is important to emphasize that the data collection was completed for the 2020 Family Support Needs Assessment ("the Needs Assessment") prior to the COVID-19 pandemic. While the information in this report provides a comprehensive review of county-level well-being across the state, it is likely that both acute and long-term effects of the pandemic will have exacerbated or altered needs within families and communities. Use of this needs assessment should occur in consideration of the impacts of COVID-19 on Pennsylvanian families and the early childhood service delivery landscape.

Families engaged in the state's family support programming disproportionately live in under-resourced communities and inequitably experience social adversity. For these families, pandemic-related disruptions in employment and critical services such as child care and mental health or

substance use treatment may create additional burden. Importantly, the state and local home visiting agencies worked together to maintain family support programming during the height of the pandemic's initial phase and the corresponding stay-at-home orders, successfully delivering over 28,000 virtual visits between March 17 and June 5. While services transitioned to telephone and telehealth mechanisms, at its core, home visiting is built upon the connection between the home visitor and client in a familiar environment; the loss of this tangible connection is likely to be felt by both home visitors and families alike. Early data suggest referrals among statewide programming for children and families are decreasing. As of yet, the cause and impact of this potential decrease in service coordination is unclear.

There are several areas of concern for families of young children that require ongoing monitoring and consideration in the aftermath of the COVID-19 pandemic:

Grandparents as Caregivers: Changes in the social and economic context of families and communities across the state, in part due to the impacts of the opioid crisis, have resulted in an increased number of grandparents in primary caretaker roles. In Pennsylvania, 89,000 children are in the care of grandparents. Older adults and those with health problems are at increased risk for contracting COVID-19. Already faced with added stress and financial challenges during a transition to a primary caretaker or significant child care role, grandparental caregivers are forced to confront a new dilemma: caring for their own health is directly at odds with caring for their grandchildren.

Child Care: Child care centers are vital to ensuring the safety and education of young children across the state, in addition to representing an important employment sector. Between 2018-19, there were 7,200 regulated child care providers and more than 85,000 children ages 0-5 enrolled in state-subsidized child care. Closures in response to the COVID-19 pandemic have presented significant financial hardships for many child care centers. Child care

reopenings are also fraught with financial strain and logistical complexities related to health and safety protocols.

Mental Health: The isolation and uncertainty associated with the ongoing pandemic has negative implications for the mental health of children and parents. Infants and young children are sensitive to the stress experienced by their caregivers, and may exhibit signs of distress in the wake of disrupted routines. Those who try to access treatment for mental health needs may face additional challenges. Nearly all 880 practices that participated in a National Council for Behavioral Health (2020) survey reported having reduced their operations. Smaller organizations have cancelled, rescheduled or turned away 36% of patients due to COVID-19. For new mothers, the effects of removing the crucial support provided by family and friends in a high-stress time, coupled with the lack of postpartum depression and anxiety screening and treatment, could be especially dire. Families of racial and ethnic minority groups may face additional challenges in accessing mental health care. Black and Hispanic patients are less likely to receive culturally sensitive care, and more likely to receive poor-quality care when treated (McGuire & Miranda, 2014). Added complexities in seeking and delivering behavioral health care for children and adolescents with limited English proficiency often result in underutilization of mental health services for this critically important population (Ohtani et al., 2015; Yun et al., 2019).

Child Maltreatment: There is reason to believe that the profound effects of the pandemic on household functioning could lead to an uptick in child abuse. In the wake of threatened financial security, health and educational needs, families are experiencing high levels of stress with fewer supports. Vulnerable children are suddenly without the observant eyes of teachers, child care providers and other mandated reporters. In 2018, school employees were responsible for more than one-third of the nearly 40,000 reports made by mandated reporters to ChildLine, the state's hotline for suspected child abuse. Furthermore,

known child maltreatment risk factors—such as parents struggling with substance use, untreated mental health and intimate partner violence—are on the rise. Now more than six months into the pandemic, ChildLine calls per month have declined sharply since last spring (Public Media for Central Pennsylvania, 2020a), a trend that suggests the safety and well-being of children may be at risk (Public Media for Central Pennsylvania, 2020b).

Housing: Of the numerous hardships facing families during the pandemic, repercussions associated with housing security are among the most dire. Research shows that housing insecurity is linked to difficulties accessing health care and negative impacts on physical health, especially for children. Foreclosures damage families financially and hurt neighborhoods and communities. Evictions make it more difficult for individuals to secure future housing (Healthy People 2020). Historically, people of color are disproportionally impacted by the lack of safe and affordable housing in the U.S., and current data suggests that COVID-19 will widen this disparity (Greene & McCargo, 2020). Families with caregivers experiencing unemployment or reduced work hours are now struggling to buy groceries, pay utility bills, and make rent or mortgage payments. Across the nation, the number of households unable to pay their housing bills continues to climb. A survey of more than 4,000 people found that almost one-third of households (32%) had not made their full July housing payments. Missed payments were even more likely (over 40%) among low-income households (with an income of less than $25,000 annually) and individuals under the age of 30 (Apartment List Survey Data, 2020). In Pennsylvania, temporary protections are in place to prevent homeowners and renters from foreclosure or evictions. Even with these important supports, the preexisting affordable housing crisis will be compounded by the economic impact of COVID-19 to have long-term negative impacts for families.

Emerging data on the increase of families seeking public assistance shows that thousands

of Pennsylvanians are enduring the economic effects of the COVID-19 crisis. (Pittsburgh Post-Gazette, 2020). From March-May, nearly 15,000 Pennsylvanian children have enrolled in the Children's Health Insurance Program and enrollment in Medical Assistance (Medicaid) has increased by 62,000 people (a 2.2% increase) since February. Additionally, enrollment in the Supplemental Nutrition Assistance Program (SNAP) has seen the most drastic increase, with 123,000 people (a 7.1% increase) enrolled since February 2020.

As demonstrated in the report that follows, pre-pandemic data suggest that communities, and the state as a whole, are struggling with needs related to adequate and accessible child care and mental health services. It is anticipated that COVID-19 will exacerbate these existing issues, in addition to the others outlined above, having the potential to widen long-standing health disparities. The priority areas described in this section are only a handful of the concerns affecting communities during this difficult and uncertain time.

It is our hope that early childhood stakeholders across Pennsylvania will use this report as a resource, while continuing to monitor and incorporate emerging data into programmatic and policy decisions impacting children and families at the local, county and state levels.

Introduction

The Office of Child Development and Early Learning (OCDEL) is the lead agency administering the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program in Pennsylvania. MIECHV funding supports voluntary, evidence-based home visiting services for at-risk pregnant people and parents with young children up to kindergarten entry. The MIECHV program is federally administered by the Health Resources and Service Administration (HRSA) Maternal and Child Health Bureau (MCHB) in partnership with the

Administration for Children and Families (ACF). This federal funding currently supports four evidence-based home visiting programs across the state: Early Head Start; Healthy Families America; Nurse-Family Partnership; and Parents as Teachers. Two additional EBHV programs are supported through state funding Family Check-Up and SafeCare Augmented.

As a requirement of continued funding, each MIECHV state, territory, or tribal grantee is tasked with completing a comprehensive needs assessment to continually monitor the needs of families, identify gaps in the early childhood service system, and assess quality and capacity of existing home visitation programming within communities. OCDEL contracted with PolicyLab at Children's Hospital of Philadelphia to conduct the 2020 Pennsylvania Family Support Needs Assessment.

The 2020 needs assessment is designed as a public health tool offering a systematized way to identify geographic areas of elevated need and disparity to inform future decision-making and deploy resources to improve maternal, child, and family health and well-being. Community health is shaped by many determinants including structural, financial, political, environmental, cultural and social factors. Accordingly, this needs assessment examines a broad-ranging set of determinants of health, and seeks to acknowledge racial inequities and geographic disparities in health influenced by deep-rooted structural issues in our nation and state, including structural racism.

Given the breadth of their programming, OCDEL expanded the scope of this assessment to include all OCDEL-administered Family Support programs to create this Family Supports Needs Assessment (hereinafter "the Needs Assessment"). Beyond MIECHV, Family Support programs include additional EBHV models not funded through MIECHV, Family Centers, Parenting Classes and Fatherhood Programs. By including metrics relevant to all Family Support programming, the Needs Assessment more accurately describes the current landscape of

needs, service opportunities and community strengths for families of young children.

The 2020 Needs Assessment presents a county-level assessment of the health of children, mothers and families, as well as the social and environmental circumstances of families and communities, in the state, including capacity for delivery of home visiting services. Between September 2018 and January 2019, PolicyLab and OCDEL engaged key state, local, and national stakeholders to assess their priorities and desired strategic direction for the metrics and information included in the Needs Assessment. Following this preliminary phase, the needs assessment process was conducted between January 2019 to October 2020, utilizing multiple methods of data collection and prioritizing a stakeholder-informed approach and opportunity for community voice. To provide a closer view of local need and to avoid masking underlying intra-county disparities, 12 counties were chosen for zip code-level assessments. This analysis is especially useful for counties with high population density, like Philadelphia and Allegheny, or in counties with significant income or geographic variation, like Chester and Fayette.

To complete this Needs Assessment, PolicyLab analyzed state administrative data and surveyed MIECHV program administrators and community stakeholders across the state. Researchers also qualitatively investigated stakeholder-identified practices to highlight examples of innovations in early childhood service delivery in Pennsylvania. This report includes the following sections: 1) coordination of state needs assessments; 2) summary of methods; 3) results of six domain area assessments; 4) results from sub-county analyses for 12 counties; 5) quality and capacity of existing services; 6) a summary of administrative survey results; and 7) findings from the community survey.

Coordinating with the Title V Maternal and Child Health Block Grant, Head Start and Child Abuse Prevention and Treatment Act Needs Assessment

TITLE V MATERNAL AND CHILD HEALTH (MCH) BLOCK GRANT

The Pennsylvania Department of Health, Bureau of Family Health, oversees the Title V MCH Block Grant program, which is one of the many agencies and organizations that serve MCH populations in Pennsylvania.

As part of the needs and capacity assessment, OCDEL coordinated efforts with the Bureau of Family Health's Title V program staff. The Bureau of Family Health provided MIECHV staff with an overview of the Title V needs and capacity assessment process and timeline, shared survey tools, and proposed a joint dissemination of needs assessment findings to both Title V MCH and OCDEL's Family Support stakeholders once the Family Support (MIECHV) Needs Assessment was complete. Coordination with Title V staff is ongoing; OCDEL, along with the Bureau of Family Health aim to continue to foster this relationship, even in non-needs assessment years, given that the MIECHV and Title V programs engage and serve some of the same MCH population in Pennsylvania.

HEAD START

OCDEL met with the Pennsylvania's Head Start Collaboration office to discuss their community-wide strategic planning needs assessment. Over the last few year years, their needs assessments have had specific focus on topics such as homelessness, infant mental health and staff wellness. A representative from the Head Start Collaboration office participates on OCDEL's Family Support Stakeholders Committee and

will be working with OCDEL to coordinate the distribution plans with Head Start grantees, as well as coordinate future needs assessments.

CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) NEEDS ASSESSMENT

The Office of Children Youth and Families (OCYF), along with OCDEL, are both housed under the Pennsylvania Department of Human Services (DHS). OCDEL, since its inception in 2007, has had a long-working relationship with OCYF. OCDEL staff participate on various steering committees related to the CAPTA Needs Assessment. OCDEL, along with PolicyLab, met with OCYF to review the Needs Assessment preliminary findings related to child safety.

Summary of Methods

QUANTITATIVE ANALYSES TO IDENTIFY ELEVATED-NEED COUNTIES WITHIN SIX DOMAINS

Indicators within Domains

In an effort to provide a comprehensive view of the landscape of family and community well-being across the state, six need domains representing a total of 66 indicators (metrics) were chosen. The six domains include: 1) maternal and child health (11 indicators), 2) socioeconomic status (11 indicators), 3) substance use (14 indicators), 4) child safety and maltreatment (9 indicators), 5) community environment (16 indicators), and 6) child care (5 indicators). These indicators were selected to reflect the life-course approach to health, a framework for identifying health disparities among families and children, which emphasizes how the social and environmental context over one's life affects health and well-being (HRSA, n.d.).

Tables 1, 3, 5, 7, 9, and 11 in this report present the list of indicators within each domain and their detailed definitions and data sources. National

rates are also included to serve as standardized benchmarks for a subset of indicators.

Data Sources and Definitions

The indicators were derived from raw data accessed from publicly available administrative data, national or regional survey data, and state-level individual medical billing claims data. Appendix 2 provides a link to each data source, a summary of each data source's methodology (i.e., how original data was collected and defined), and the methods for deriving and operationalizing each indicator as it is reflected in this Needs Assessment.

COUNTY-LEVEL STANDARDIZATION

In the primary domain need analyses (results shown in Section 3), raw data was standardized to the county level. Data manipulations were performed as needed to standardize metrics for comparisons across counties. For example, when the original data only contained absolute numbers (e.g., number of infant deaths in each county per year), appropriate denominators (e.g., number of live births in each county per year) were added to create rates (e.g., deaths per 1, 000 live births) to account for the difference in population size when comparing county estimates.

IDENTIFICATION OF ELEVATED-NEED COUNTIES

Need Score on Each Indicator

Quartiles were used to define counties with elevated need. This quartile-based method was chosen for the following reasons: first, as a ranking-based method, it aligns well with the MCHB's guidance for defining at-risk communities ("At-risk communities are those for which indicators, in comparison to statewide indicators, demonstrated that the community was at greater risk than the state as a whole"); second, it accounts for the non-normal distribution of most county-level estimates and, therefore, performs better than Z-score-based methods that assume normal distribution of county estimates; and

third, as a ranking-based approach, it is stable when the absolute county estimates change significantly over the years as new data are updated while the relative level of need between counties remains generally stable over time.

In this quartile method, if a county's estimate on any specific indicator is within the top 25% of state distribution of the indicator estimates, the county was defined as having elevated need for the indicator. For a small number of indicators (e.g., percent of regulated child care providers meeting high-quality standards, number of substance treatment facilities per 100,000 residents), for which it was assumed that higher estimates indicate better resources and, therefore, better population health outcomes, a county was defined as elevated need if its estimate is within the lowest 25% of state distribution of that indicator. See Appendix 1 for county profiles.

Composite Need Score In Each Domain

For each of the six domains, a county's domain composite need score is calculated as a *weighted* average of the need scores of the indicators within that domain. To account for the heterogeneity between indicators in their data quality and proximity of influence on maternal and child health, a weighting scheme was used.

The following metrics were considered in the weight scheme: whether or not MCHB has referenced it as a requirement in official guidance (1=yes, 0=no); direct impact on maternal and child health (scale of 1 to 3; score of 3 represents that literature suggests the indicator to be a proximal indicator of MCH); data recency (1=data after 2016; 0=data before 2016); strength of data collection methodology (1=low quality; 2=high quality); and specificity of the population of reference in the indicator (i.e., how representative is the indicator to the home visiting target population) (1=age or pregnancy status is reflected in the indicator's denominator or numerator; 0=not). A weight for each indicator was calculated by adding the above metrics; therefore, the weight has a theoretical range of 2 to 8.

For an overall need score, each county was assigned a score in each of six domains. Domain need scores were summed to create an overall need score, shown in Figure 7, displayed through a range of low to moderate to elevated need. Counties in grey represent counties with lower levels of need, while counties in darker blue experience an elevated need. Counties such as Fayette, Philadelphia, Carbon, Potter, Forest, and Mercer have elevated need, and scored higher in need in multiple domains. Counties like Wayne, Centre, Berks, and Montgomery have a lower level of overall need, and scored lowest in multiple domains.

Analyses to Identify Elevated-need Zip Codes Within Counties

In addition to the county-level analyses, zip code-level analyses were also conducted in 12 counties to avoid masking underlying intra-county disparities (see page 56). The 12 counties of focus were selected in consultation with OCDEL. The counties exhibited high population density and/or significant within-county income or geographic variation. Counties include Allegheny, Blair, Bucks, Carbon, Centre, Chester, Delaware, Fayette, Monroe, Montgomery, Northumberland and Philadelphia. Zip code estimates were produced for 12 indicators with available zip code-level data, including poverty rate for children under 5, recipients of Supplemental Nutrition Assistance Program (SNAP) or Social Security Income (SSI), low birth weight, preterm birth, prenatal care, smoking during pregnancy, mother's education, maternal depression, substance use disorder, opioid use disorder, intimate partner violence and well-child visits. Results are presented visually as maps.

COMMUNITY SURVEY

In the fall of 2019, snowball distribution methodology was used to distribute an online survey to Pennsylvania residents. The survey was available in English and Spanish, and included questions about residents' perceptions of the availability and quality of health and social services used by families of young children in

their community. The survey received a total of 2,184 responses. Descriptive analyses were conducted with a focus on regional presentation of data, shown in Figure 10.

COMMUNITY SPOTLIGHTS

The community survey asked respondents to identify a promising practice or initiative at a local organization that is helping children and families. Using a modified Delphi process, the almost 900 responses were narrowed to select six innovative, local programs. Interviews were conducted with administrators, staff, and clients of these six programs to describe key logistics, community

context, lessons learned, and impact on child and family outcomes. Results are presented as program summaries. See Appendix 3 for additional promising practices.

ADMINISTRATIVE SURVEY

In addition to the community survey, a survey was disseminated to each state-funded home visiting local implementing agency to assess workforce characteristics, service capacity and perceived community needs. One administrator at each agency was asked to participate. Fifty-six surveys were completed.

Domain 1: Maternal & Child Health

The health of pregnant people and infants at birth is a marker of the health of the community as a whole. Access to health care prior to, during, and following pregnancy is critical to reduce the risk of delivery complications, adverse perinatal outcomes, and maternal morbidity and mortality (CDC, 2017). Racial disparities in birth outcomes and infant and maternal mortality are among the most pressing public health issues in the United States. For example, in Pennsylvania, the maternal mortality rate among non-Hispanic Black mothers was 51.8 deaths per 100,000 live births between 2013 and 2017, more than double that of non-Hispanic white mothers during the same period (CDC, 2017).

Maternal & Child Health Need

Level of need within this domain was determined by weighting individual counties' need level for each indicator. Two counties had **elevated need** for 7 of the 11 indicators in this domain and nine counties had **no indicators with elevated need** in this domain. Across Pennsylvania, preterm

birth, low birth weight, and child mortality state averages were on target with or exceed the Healthy People 2020 goals set forth by the Centers for Disease Control and Prevention.

There was large heterogeneity in breastfeeding initiation rates across the state, with some counties exhibiting near universal breastfeeding at hospital discharge and others with rates near 50%. The lowest rates of breastfeeding initiation were concentrated in northwestern counties.

Related to recommended preventive care utilization, early prenatal care was on target in more counties than was well-child visit utilization. In 39 counties, 3 out of every 4 births were to mothers who initiated prenatal care in the first trimester. Only 22 counties met or exceeded the American Academy of Pediatrics (AAP) recommendation of six or more well-baby visits in the first year of life, and children aged 1-5 in 11 counties had, on average, less than one well-child visit per age year.

TABLE 1: MATERNAL & CHILD HEALTH INDICATORS

| Indicator	Definition	Year	Data Source	Min.	Med.	Max.	2020 Goals
Late prenatal care	Percent of births to mothers who did NOT initiate prenatal care in the first trimester	2016	PA Department of Health	12.4	23.5	38.9	22.9
Preterm birth	Percent of live birth <37 gestational weeks	2013–2017	National Vital Statistics System	4.6	9.1	11.4	6.8
Low birth weight	Percent of live births <2,500 grams at birth	2013–2017	National Vital Statistics System	4.8	7.5	11.0	8.1
NICU admission	Percent of live births admitted to NICU	2016	PA Birth Records Data	3.5	7.8	20.7	8.7
Late/no breastfeeding initiation	Percent of newborns who were NOT breastfed at hospital discharge	2016	PA Birth Records Data	2.6	22.3	46.2	16.2
Infant mortality	Infant deaths per 1,000 live births	2016	PA Department of Health	0.0	5.6	14.4	5.8
Child mortality	Deaths of children under 5 years old per 1,000 residents	2016	PA Department of Health	0.0	1.3	3.6	1.4
Maternal depression	Rate of diagnosed depression among pregnant Medicaid-enrolled women or those with a birth in the past 3 years	2016	PA Birth Certificates Data, PA Medicaid Data	3.0	12.1	18.4	11.9**
Well-baby visits	Median number of well-child visits among Medicaid-enrolled children less than 1 year old	2016	PA Medicaid Data	2.0	5.0	7.0	6.0*
Well-child visits	Median number of well-child visits among Medicaid-enrolled children 1 to 5 years old	2016	PA Medicaid Data	0.0	1.0	2.0	1.0*
Racial disparity in low birth weight	Ratio of low birth weight rate in infants born to Black mothers to that of infants born to White mothers	2014-2018	PA DOH, Bureau of Health Statistics and Research	0.8	1.9	2.5	N/A

*American Academy of Pediatrics recommended number of visits
**Rate of postpartum depression only, 2017, Centers for Disease Control and Prevention

FIGURE 1: MATERNAL & CHILD HEALTH NEED MAP
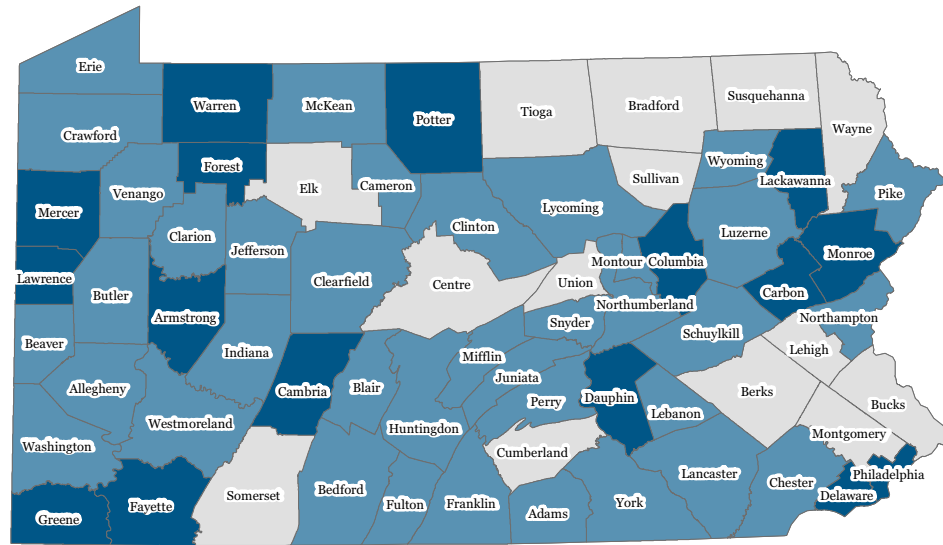
While 16 counties had elevated need in the Maternal and Child Health domain, nine counties had low need in this area.

Low Need

Moderate Need
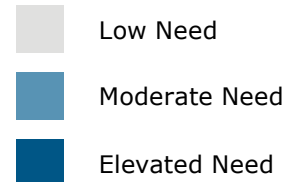
Elevated Need

Low Need	Moderate Need		Elevated Need
Berks	Adams	Lancaster	Armstrong
Bradford	Allegheny	Lebanon	Cambria
Bucks	Beaver	Luzerne	Carbon
Centre	Bedford	Lycoming	Columbia
Cumberland	Blair	McKean	Dauphin
Elk	Butler	Mifflin	Delaware
Lehigh	Cameron	Montour	Fayette
Montgomery	Chester	Northampton	Forest
Somerset	Clarion	Northumberland	Greene
Sullivan	Clearfield	Perry	Lackawanna
Susquehanna	Clinton	Pike	Lawrence
Tioga	Crawford	Schuylkill	Mercer
Union	Erie	Snyder	Monroe
Wayne	Franklin	Venango	Philadelphia
	Fulton	Washington	Potter
	Huntingdon	Westmoreland	Warren
	Indiana	Wyoming	
	Jefferson	York	
	Juniata		

TABLE 2: MATERNAL & CHILD HEALTH INDICATORS BY COUNTY

Counties that fall in the highest-need quartile for each indicator are highlighted in red.

County	Prenatal Care in First Trimester Percent of live births	Preterm Birth Percent of live births	Low Birth Weight Percent of live births	NICU Admissions Percent of live births	Not Breastfeeding Percent of live births	Infant Mortality Per 1,000 live births	Child Mortality Per 1,000 residents under 5	Maternal Depression Rate	Well-baby Visits Median	Well-child Visits (ages 1-5 years) Median	Radical Disparity in Low Birth Weight Ratio of births to Black and White mothers
Adams	22.7	9.5	7.9	7.5	14.6	4.1	1.0	10.0	6.0	1.0	2.2
Allegheny	12.4	9.3	7.8	11.0	20.3	5.9	1.4	10.3	4.0	1.0	2.2
Armstrong	21.3	8.1	7.2	9.3	33.4	8.1	1.8	14.6	3.0	0.0	
Beaver	19.4	9.3	7.5	6.6	26.8	5.4	1.1	10.7	4.0	1.0	1.9
Bedford	19.8	6.1	4.8	4.4	25.6	4.0	0.9	11.7	4.0	1.0	
Berks	19.6	8.9	8.1	12.0	22.5	5.6	1.2	8.7	5.0	1.0	1.7
Blair	22.6	8.3	7.1	3.8	23.7	6.3	1.5	16.8	5.0	1.0	0.9
Bradford	16.7	8.5	6.6	5.4	23.2	4.4	1.1	14.5	5.0	1.0	
Bucks	25.9	9.1	7.7	7.7	17.2	2.5	0.6	7.7	5.0	1.0	1.3
Butler	17.0	8.5	6.1	8.8	18.2	2.8	0.5	11.9	3.0	0.0	2.3
Cambria	21.7	9.2	8.6	7.4	25.7	8.2	1.8	13.1	5.0	1.0	2.1
Cameron	15.8	7.5	7.1	15.4	38.9	0.0	0.0	10.0	2.0	0.0	
Carbon	23.2	9.7	8.2	9.7	27.4	1.7	0.7	13.7	5.0	1.0	2.1
Centre	23.6	6.9	6.0	4.8	11.0	4.1	1.3	11.5	6.0	1.0	1.8
Chester	23.5	8.5	6.8	8.2	9.0	5.1	1.0	6.3	4.0	1.0	2.3
Clarion	22.8	8.4	6.7	4.6	31.4	7.5	1.6	13.6	3.0	0.0	
Clearfield	23.5	7.7	7.6	10.9	27.6	4.0	0.8	15.1	6.0	1.0	
Clinton	33.7	7.8	6.3	7.2	15.7	0.0	0.0	14.7	6.0	1.0	
Columbia	24.7	9.9	8.9	7.7	20.4	6.9	1.9	16.1	7.0	2.0	1.5
Crawford	32.4	8.5	7.5	5.3	18.6	6.4	1.6	16.6	4.0	0.0	0.8
Cumberland	28.3	8.9	6.9	9.4	11.7	6.8	1.4	9.1	6.0	1.0	1.6
Dauphin	31.2	10.1	9.1	9.9	15.2	7.8	1.9	7.7	5.0	1.0	1.9
Delaware	32.8	9.7	8.9	9.3	15.8	6.7	1.6	5.8	5.0	1.0	1.8
Elk	12.7	6.9	5.6	8.4	38.7	3.4	1.3	14.1	5.0	1.0	
Erie	17.5	8.6	7.8	8.9	33.0	7.2	1.5	14.7	4.0	1.0	1.9
Fayette	20.1	11.0	9.0	8.1	38.6	7.4	1.8	12.1	4.0	1.0	1.7
Forest	16.7	10.0	9.4	12.0	28.0	0.0	0.0	7.4	3.5	0.0	
Franklin	22.9	9.5	7.0	8.5	10.8	8.0	2.0	12.1	6.0	1.0	1.2
Fulton	21.5	10.4	7.9	11.2	21.1	13.7	2.6	12.7	5.0	1.0	
Greene	21.9	10.1	9.0	6.8	46.2	2.6	0.5	18.1	3.0	1.0	

Huntingdon	21.7	9.7	8.1	5.7	28.3	13.3	2.2	12.1	5.0	1.0	
Indiana	33.2	7.6	6.9	5.4	19.2	4.8	1.2	12.6	5.0	1.0	
Jefferson	31.0	7.7	7.0	11.2	22.3	4.4	0.8	18.4	5.0	1.0	
Juniata	33.7	7.7	6.8	5.3	14.8	3.5	0.7	9.6	6.0	1.0	
Lackawanna	24.2	10.2	8.5	6.4	32.9	6.7	1.8	13.5	6.0	1.0	1.7
Lancaster	38.4	9.0	7.0	8.3	12.6	5.6	1.4	12.0	5.0	1.0	2.0
Lawrence	29.0	11.3	9.1	6.5	31.1	4.5	0.9	13.3	4.0	1.0	2.1
Lebanon	26.5	9.0	8.2	5.7	15.3	6.9	1.7	9.8	5.0	1.0	1.6
Lehigh	22.5	9.2	8.1	9.1	16.6	6.2	1.3	8.8	5.0	1.0	1.8
Luzerne	29.2	9.8	8.2	7.3	31.2	6.6	1.4	10.2	6.0	1.0	1.6
Lycoming	20.0	9.3	8.1	8.0	16.2	5.7	1.5	14.7	6.0	1.0	2.1
McKean	21.4	9.4	7.2	5.5	31.9	2.7	1.0	17.2	2.5	0.0	
Mercer	31.6	9.5	7.2	6.2	27.6	7.8	2.2	15.5	3.0	0.0	2.4
Mifflin	38.9	7.8	6.8	3.6	17.9	14.4	3.6	18.0	6.0	1.0	
Monroe	31.3	10.4	8.9	9.9	18.0	8.8	1.9	8.2	5.0	1.0	1.8
Montgomery	21.3	8.4	7.4	8.4	9.2	4.8	1.1	5.7	5.0	1.0	1.9
Montour	31.9	9.1	7.6	8.3	8.7	9.2	3.0	15.3	5.5	2.0	
Northampton	20.2	9.6	8.3	9.2	16.6	3.5	0.7	7.3	5.0	1.0	1.5
Northumberland	28.0	9.0	7.7	7.8	22.2	7.5	1.5	17.2	6.0	2.0	1.9
Perry	35.7	9.1	7.0	9.6	18.8	1.9	1.1	9.1	6.0	1.0	
Philadelphia	38.1	10.8	10.6	10.5	19.5	8.6	2.0	7.1	6.0	1.0	2.0
Pike	34.3	8.1	7.8	6.0	28.3	2.4	0.5	9.2	5.0	1.0	1.6
Potter	20.1	9.7	6.1	9.9	24.2	5.9	2.2	13.7	2.0	0.0	
Schuylkill	33.8	9.3	7.6	6.8	31.8	8.0	2.0	13.1	7.0	1.0	1.5
Snyder	32.6	9.2	7.8	4.9	15.4	6.8	1.3	17.7	6.0	1.0	
Somerset	23.5	8.2	7.6	5.5	24.1	2.9	0.6	10.4	5.0	1.0	
Sullivan	27.1	7.2	6.3	8.4	2.6	0.0	0.0	3.0	6.0	1.0	
Susquehanna	29.4	9.1	7.4	3.9	26.6	0.0	0.0	12.0	5.0	1.0	
Tioga	23.3	6.7	5.5	3.5	23.7	7.2	1.4	14.4	6.0	1.0	
Union	29.0	6.7	4.9	20.7	10.0	2.4	0.5	11.6	7.0	1.0	
Venango	23.5	8.5	7.1	4.1	33.8	9.3	1.9	13.0	4.0	1.0	
Warren	23.9	11.7	8.7	8.9	19.3	2.5	0.5	10.6	2.0	0.0	
Washington	18.6	9.2	7.3	7.8	27.3	2.5	0.7	11.3	2.0	0.0	1.9
Wayne	20.2	8.9	7.2	5.7	26.4	4.6	1.0	10.5	7.0	2.0	
Westmoreland	18.7	8.7	7.0	8.2	25.9	6.0	1.3	13.6	4.0	1.0	2.0
Wyoming	28.3	9.5	6.9	7.3	24.2	0.0	0.0	15.6	6.0	1.0	
York	26.1	9.8	8.1	8.9	14.8	6.8	1.6	11.6	5.0	1.0	1.9

COMMUNITY SPOTLIGHT
on Maternal & Child Health

Salud Para Niños

Free Bilingual Health Clinic
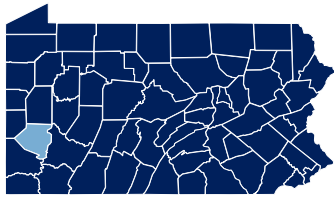
ALLEGHENY COUNTY, PA

Salud Para Niños (Health for the Children) is the first pediatric bilingual clinic in southwestern Pennsylvania. This program was created at UPMC Children's Hospital of Pittsburgh and provides culturally and linguistically sensitive medical care and prevention-based education to families in Allegheny and surrounding counties. Free, bilingual pediatric care is offered through a weekly community-based clinic. Strong partnerships between the clinic and local organizations serving Spanish- and Portuguese-speaking populations connect patients with community resources based on identified needs.

WHAT'S THE SIGNIFICANCE?

Hispanics/Latinos are a rapidly growing segment of the country. Families who have newly immigrated to the United States face many barriers to accessing insurance and health care. Immigrant legal status in the United States is associated with the health of children and families. Undocumented immigrant children have worse self-reported health, mental and physical health outcomes, and stress levels than documented immigrants and United States citizens.

HISTORY & COMMUNITY CONTEXT

The United States Hispanic population has steadily risen for over 30 years, reaching a record of nearly 60 million in 2018, according to U.S. Census Bureau population estimates. The Hispanic population in southwestern Pennsylvania has reflected this trend, climbing by 72% between 2000 and 2010. Allegheny and its neighboring counties combined are home to 42,000 Latinos, approximately one-third of whom are under the age of 18.

With population growth comes an increased need for access to routine, high-quality, affordable health care. In Hispanic communities, a number of social and economic challenges have resulted in decreased access to preventive care and a disproportionate amount of uninsured individuals, including children. In 2002, Dr. Diego Chaves-Gnecco created Salud Para Niños (Health for the Children) as a residency project to address the barriers he observed in the growing Hispanic/Latino community to receiving culturally competent preventive health care.

PROGRAM COMPONENTS

Today, Salud Para Niños has a permanent primary care clinic three days a week at UPMC Children's Hospital primary care center in Pittsburgh's Oakland neighborhood. Children seen here receive care from multilingual staff (Spanish, Portuguese

and English) trained in providing culturally sensitive care. A Spanish-language phone routes families for appointment scheduling and outreach.

Salud Para Niños also hosts a weekly free bilingual pediatric clinic that accepts families regardless of insurance status, primary language or scheduled appointment. Volunteers run all clinic services and operations; UPMC Children's Hospital physicians and nurses volunteer their time to provide medical care and nursing and dental students assist with taking vitals, assessing children's dental health and applying fluoride.

Both Salud Para Niños locations offer bilingual health education and marketing materials to promote involvement in educational opportunities by alleviating cultural and linguistic barriers to participation. In recent years, the clinic has been working with the Pittsburgh Public Schools and The Pittsburgh Promise to assure that Hispanic/Latino children have access to the program's college scholarships. Since 2008, 56 scholarships have been granted to Hispanic/Latino high school graduates who intend to advance their education with a college degree. Additionally, Salud Para Niños provides English and Spanish books to children and families during medical visits through Leyendo Juntos (Reading Together), an initiative created by the national Reach Out and Read program.

FUNDING

The Salud Para Niños free clinic has no paid staff and is entirely volunteer run. Educational and prevention activities are made possible by support from UPMC Children's Hospital of Pittsburgh, the University of Pittsburgh

Department of Pediatrics, community partners and donors.

IMPACT

Access to care: Offers 1,750 visits each year with more than 1,500 children served and approximately 50 new patients per year

Referrals to specialty care: Provides nearly 300 subspecialist referrals annually for insured children and close to 60 subspecialist referrals for uninsured children

Car seat inspections and properly installed car seats: In collaboration with the AAP PA Chapter, Team Educators for Child Safety and the Injury Prevention Program at UPMC Children's Hospital conducted 26 Hispanic/Latino car seat checks, in which 622 car seats were checked and 309 car seats were replaced at no cost to the families

Immunizations: Given close to 2,000 immunizations for insured children and 800 immunizations to uninsured children

CPR classes: In conjunction with UPMC Children's Hospital's Community Education Program, provided over 10 CPR courses to more than 200 community members

PATIENT VOICES

"This clinic was a godsend," one family said, who also described the clinic as "an amazing place that feels welcome and safe."

"Finding someone that speaks your language in a new country makes you feel so at ease. And the staff was so welcoming."

"The doctors here care about the humanity of the patient."

LESSONS LEARNED

- Community input is integral to the development of any program to address local needs. Getting

to know the community is an important first step in designing a program that is culturally sensitive and tailored to address specific community needs.

- Partnership development is a key aspect of maintaining Salud Para Niños. Programs and organizations considering development of a similar program should leverage existing partnerships and establish new community relationships to maximize resources.

- Volunteers are a tremendous resource to Salud Para Niños. Considering the interdisciplinary nature and high volume of the clinic, it is critical to ensure that potential volunteers are well trained. All volunteers go through a rigorous application and training process through UPMC Children's Hospital Volunteer Office. Additionally, designation of a volunteer coordinator to oversee all current and incoming volunteer placements is an important aspect of sustaining the volunteer base.

"FOR COMMUNITY WITH COMMUNITY BY COMMUNITY"

A core component and driving force behind the success of Salud Para Niños are the partnerships built between Dr. Chaves-Gnecco's team and community partners across southwestern Pennsylvania.

American Academy of Pediatrics Pennsylvania Chapter, Pennsylvania Traffic Injury Prevention Project and the Team Educators for Child Safety: These partners' certified car seat safety technicians conduct inspections and replace defective or broken car seats at no charge. Volunteer interpreters provide translation services during inspections for Spanish- and Portuguese-speaking families.

Casa San Jose: Since 2013, Casa San Jose has provided assistance and services to the Latino immigrant population in the Pittsburgh area. Patients in need of insurance navigation, legal assistance and other case management services can receive services through this partnership.

Ronald McDonald Care Mobile: The Care Mobile is a state-of-the-art pediatric primary care center on wheels and provides pediatric medical services to families who live in medically underserved communities. The Care Mobile provides wellness visits, immunizations, physicals, asthma screenings and more at the weekly free clinic.

UPMC Children's Hospital pediatric residency program, Carnegie Mellon University and the University of Pittsburgh: The monthly free clinic relies on dedicated volunteers to provide care. Strong partnerships between Salud Para Niños and clinical teaching programs at local universities have given students and new providers an opportunity to complete clinical hours while immersing themselves in community-based care—an experience that often results in a long-term volunteer commitment.

LEARN MORE

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Domain 2: Substance Use

In alignment with the requirement of the 2020 Needs Assessments to describe each state's capacity to meet substance use treatment needs, this report compiles numerous indicators from various sources to describe the landscape of substance use services and treatment need across the state's 67 counties.

Women and families struggling with substance use disorders need additional support throughout pregnancy and parenting. Early therapeutic intervention can lead to lifelong benefits for individuals with addiction disease and their families. Access to quality health care plays a vital role in long-term health outcomes for caregivers and children. It is estimated that 2 out of every 100 births are to individuals experiencing opioid use disorder in the year prior to delivery (Schiff et al., 2018). Among mothers enrolled in home visiting programs, 1 in 3 reported binge alcohol or illegal drug use prior to pregnancy, and 1 in 10 reported seeking professional treatment (Duggan et al., 2018). Individuals coping with the disease of addiction during pregnancy are at increased risk for inadequate prenatal care, infectious disease, obstetric complications, overdose and death. Additionally, caregivers with substance use disorders and their families face social challenges including the potential loss of child custody, mother-child separation due to incarceration, homelessness, exposure to violence, limited parenting opportunities and abilities, and

trauma-related mental health conditions. These challenges disproportionately affect caregivers of color, often resulting in underutilization of substance use treatment services for Black, Hispanic and other non-White caregivers (Acevedo et al., 2018). In Pennsylvania, the substance use epidemic has impacted both rural and urban communities, and has predominantly impacted adults of childbearing age. For caregivers in treatment and recovery, home visiting can serve as an additional layer of support. Substance use was identified by home visiting program administrators (see pages 85-88 for more details) as a significant need within the client population and one that home visiting programs were reliant on community referrals to manage.

In 2018, Pennsylvania made available dollars for evidence-based home visiting agencies to pilot services dedicated toward this specialized population. Twenty state-funded pilot sites implemented varied strategies to serve families impacted by substance use in a diversity of geographic settings. These pilots offered an opportunity to understand the local-level variability of implementation strategies for service coordination and to identify best practices for achieving enrollment, referral and service delivery goals for this population. An executive summary of early evaluation of this work can be found in Appendix 5.

TABLE 3: SUBSTANCE USE INDICATORS

Indicator	Definition	Year	Data Source	Min.	Med.	Max.	U.S. Rates
Postpartum high-risk opioid use	Prevalence of mothers receiving two or more opioid prescriptions in the postpartum year among Medicaid-enrolled mothers	2017	PA Birth Certificate Data, PA Medicaid Data	2.5	9.2	20.5	N/A
Substance treatment facilities	Number of drug and alcohol treatment facilities per 100,000 residents	2018	Substance Abuse and Mental Health Services Administration	0.0	3.3	21.8	4.5
Mental health treatment facilities	Number of mental health treatment facilities per 100,000 residents	2018	Substance Abuse and Mental Health Services Administration	0.0	3.7	17.7	3.6
Buprenorphine physicians	Number of Buprenorphine treatment practitioner per 100,000 residents	2018	Substance Abuse and Mental Health Services Administration	0.0	5.4	38.5	26.6
Impaired drivers	Number of vehicle crashes involving impaired drivers per 100,000 residents	2017	PennDOT	41.9	107.4	164.2	N/A
Overdose deaths	Rate of overdose deaths per 100,000 people aged 15-64 years	2017	OverdoseFreePA	0.0	29.0	77.0	11.3
Opioid overdose hospitalizations	Rate of hospitalization for opioid overdose per 100,000 residents	2016-2017	PA Health Care Cost Containment Council (PHC4)	23.4	52.4	102.1	28.0
Neonatal abstinence syndrome	Rate of neonatal abstinence syndrome per 1,000 newborn hospital stays	2016-2017	PA Health Care Cost Containment Council (PHC4)	3.2	15.7	76.0	7.0
Pregnancy and postpartum substance use disorder	Rate of substance use disorder among Medicaid-enrolled mothers who were pregnant or delivered live births in the past three years	2016	PA Birth Certificates Data, PA Medicaid Data	2.4	5.4	15.0	2.3*
Alcohol use disorder	Prevalence rate of alcohol use disorder among individuals ages 12 and older	2014-2016	SAMHSA - National Survey of Drug Use and Health	4.8	5.8	7.1	5.6
Marijuana use	Prevalence rate of marijuana use in past month among individuals ages 12 and older	2014-2016	SAMHSA - National Survey of Drug Use and Health	5.5	7.0	13.9	8.9
Cocaine use	Prevalence rate of cocaine use in the past year among individuals ages 12 and older	2014-2016	SAMHSA - National Survey of Drug Use and Health	1.1	1.3	3.3	0.7
Heroin use	Prevalence rate of heroin use in the past year among individuals ages 12 and older	2014-2016	SAMHSA - National Survey of Drug Use and Health	0.4	0.6	0.9	0.2
Maternal smoking during pregnancy	Rate of births to mothers who used tobacco during pregnancy per 100 live births	2015	PA Department of Health	4.3	16.3	41.5	1.4

SAMHSA, National Survey on Drug Use and Health, 2016, Pregnant women with alcohol or illicit drug abuse in the past year.
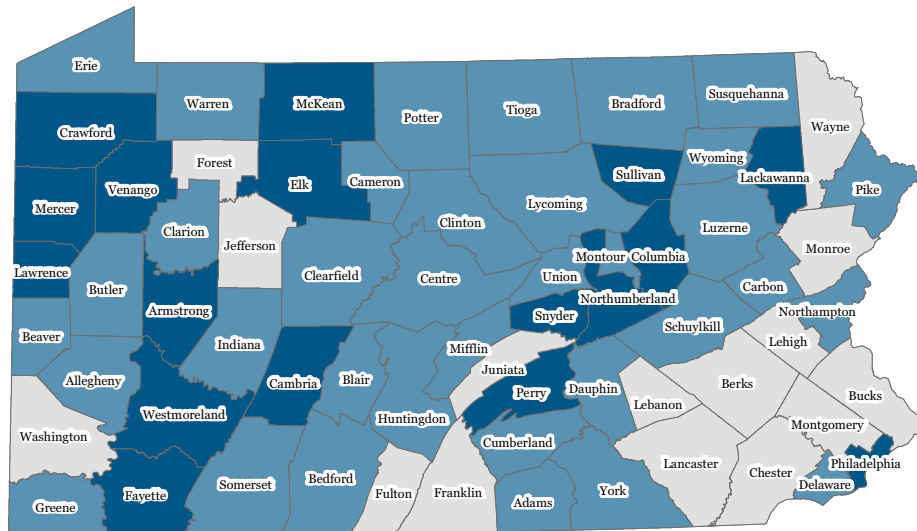
Substance Use Need

Level of need within this domain was determined by weighting individual counties' need level for each indicator. Three counties were at **elevated need** for 8 of the 14 indicators and three counties had **no elevated need** in any indicator in this domain. Prenatal and postpartum substance use, important indicators of maternal and infant health and well-being, varied widely across counties. Prenatal tobacco use and high-risk postpartum opioid were most elevated in the northwestern and north central regions of the state.

Two counties had zero annual overdose deaths per 100,000 adult residents while others saw as many as 77 deaths per 100,000 adult residents.

TREATMENT ACCESS & CAPACITY:

- **Over half** of the 67 counties had low levels of access to Buprenorphine, substance use treatment or mental health treatment providers. Low access was not concentrated to one particular region. However, notably, in the northeast, one county was observed with **zero** Buprenorphine, substance use treatment or mental health providers per 100,000 residents.

- In general, there was a higher **capacity to treat substance use** in counties exhibiting the highest rates of neonatal abstinence syndrome, postpartum high-risk opioid use and overdose deaths.

FIGURE 2: SUBSTANCE USE NEED MAP

Fifteen counties have an elevated need for services to address substance use, while 17 counties had much lower need. Counties like Blair, Franklin and Chester experienced no elevated need in any indicator in this domain.

Low Need

Moderate Need
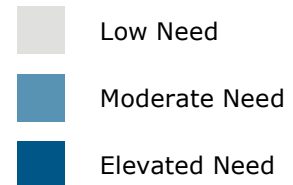
Elevated Need

Low Need	Moderate Need		Elevated Need
Berks	Adams	Indiana	Armstrong
Blair	Allegheny	Lackawanna	Cambria
Chester	Beaver	Luzerne	Clinton
Cumberland	Bedford	Lycoming	Fayette
Dauphin	Bradford	McKean	Greene
Delaware	Bucks	Mercer	Lawrence
Franklin	Butler	Mifflin	Northumberland
Fulton	Cameron	Montour	Perry
Jefferson	Carbon	Northampton	Philadelphia
Juniata	Centre	Pike	Potter
Lancaster	Clarion	Schuylkill	Snyder
Lebanon	Clearfield	Somerset	Sullivan
Lehigh	Columbia	Tioga	Susquehanna
Monroe	Crawford	Union	Venango
Montgomery	Elk	Warren	Westmoreland
Wyoming	Erie	Washington	
York	Forest	Wayne	
	Huntingdon		

TABLE 4: SUBSTANCE USE INDICATORS BY COUNTY

Counties that fall in the highest-need quartile for each indicator are highlighted in red.

County	Postpartum High-risk Opioid Use (Percent of Medicaid-enrolled mothers)	Substance Treatment Facilities (Per 100,000 population)	Mental Health Treatment Facilities (Per 100,000 population)	BUP Physicians (Per 100,000 population)	Impaired Drivers (Per 100,000 population)	Overdose Death Rate (Per 100,000 population)	Hospitalization for Opioid Overdose (Per 100,000 population)	Newborn Hospital Stays with Neonatal Abstinence Syndrome (NAS) (Percent 1,000 newborn hospital stays)	Pregnancy and Postpartum Substance Use Disorder (Percent of Medicaid-enrolled mothers)	Alcohol Use Disorder (Percent of residents 12 and older)	Marijuana Use (Percent of residents 12 and older)	Cocaine Use (Percent of residents 12 and older)	Heroin Use (Percent of residents 12 and older)	Prenatal Tobacco Use (Percent of live births)
Adams	9.7	1.0	2.9	6.8	131.9	19.0	51.5	17.6	4.7	5.3	6.4	1.3	0.7	13.2
Allegheny	8.9	4.0	4.7	14.8	102.4	60.0	76.1	15.6	5.7	6.2	9.6	2.2	0.7	9.9
Armstrong	11.0	3.0	4.6	4.6	128.0	59.0	51.8	28.9	12.9	6.2	8.0	1.2	0.6	20.6
Beaver	11.5	4.2	2.4	6.6	100.5	49.0	72	14.3	6.7	6.2	8.0	1.2	0.6	16.1
Bedford	7.2	4.1	2.1	4.1	136.1	39.0		32.3	6.6	4.8	5.8	1.1	0.6	16
Berks	5.5	2.6	5.7	5.5	109.4	27.0	57.4	9.7	3. 4	5.0	7.0	1.2	0.5	8.2
Blair	10.0	6.5	2.4	11.3	116.6	39.0	67.7	19.9	5.0	4.8	5.8	1.1	0.6	20
Bradford	8.3	3.3	8.2	1.6	95.3	25.0	52.3	8.7	4.0	6.5	8.7	2.1	0.6	15.7
Bucks	6.3	3.2	2.7	7.2	85.0	37.0	72.7	16.1	8.0	5.9	7.7	1.8	0.4	7.9
Butler	10.1	3.7	3.7	38.5	110.6	49.0	46.1	19.3	9.1	6.2	8.0	1.2	0.6	11.1
Cambria	8.3	4.5	0.8	6.8	127.8	65.0	102.1	26.2	9.4	6.2	8.0	1.2	0.6	22
Cameron	14.7	21.8	0.0	21.8	130.7	0.0			6.7	4.9	6.0	1.3	0.6	41.5
Carbon	10.2	3.1	6.3	11.0	86.1	42.0	56	19	7.7	5.0	7.0	1.2	0.5	21.6
Centre	11.0	5.5	3.1	9.8	63.3	7.0	23.4	5.7	4.2	6.5	8.7	2.1	0.6	6.6
Chester	5.2	2.9	4.4	5.4	91.1	28.0	49.7	8.5	4.2	5.9	7.7	1.8	0.4	4.3
Clarion	10.3	2.6	5.2	5.2	91.0	16.0		12.1	7.7	6.2	8.0	1.2	0.6	17.7
Clearfield	11.0	3.8	3.8	6.3	87.8	6.0	38	16.9	7.1	4.9	6.0	1.3	0.6	24
Clinton	17.9	2.6	2.6	10.3	82.1	10.0	36.8	3.2	6.5	6.5	8.7	2.1	0.6	17.4
Columbia	10.2	3.0	4.6	4.6	119.8	23.0	81.2	12.4	4.8	6.5	8.7	2.1	0.6	19.7
Crawford	9.8	3.5	7.0	7.0	128.8	28.0	39.3	31.8	8.6	6.0	7.2	1.7	0.6	20.9
Cumberland	7.3	2.4	2.0	3.6	88.4	30.0	37.3	10.7	4.6	4.8	5.8	1.1	0.6	9.2
Dauphin	5.9	5.8	4.7	4.4	123.7	46.0	61.9	10.2	2.8	5.3	6.4	1.3	0.7	11.8
Delaware	6.7	2.8	3.2	10.6	77.9	23.0	84.9	16.0	4.4	5.9	7.7	1.8	0.4	6.7
Elk	9.9	3.3	16.6	3.3	115.9	43.0	42.7	45.1	6.1	4.9	6.0	1.3	0.6	30
Erie	8.9	4.0	5.1	8.4	109.3	57.0	72.6	15.1	4.4	6.0	7.2	1.7	0.6	17.1
Fayette	12.7	2.3	7.6	9.9	120.1	14.0	70.7	45.7	10.4	5.8	5.5	1.4	0.6	28.9
Forest	16.7	13.7	13.7	0.0	95.9	23.0			7.4	4.9	6.0	1.3	0.6	

Franklin	8.6	3.2	2.6	4.5	99.2	7.0	43.8	18.4	4.5	4.8	5.8	1.1	0.6	11.3
Fulton	2.5	0.0	6.9	6.9	123.4	35.0			5.1	4.8	5.8	1.1	0.6	12.9
Greene	16.3	2.7	8.2	5.4	68.0	29.0	35.1	76.0	15.0	5.8	5.5	1.4	0.6	29.4
Huntingdon	8.1	2.2	4.4	4.4	101.1	44.0	46.6	13.7	4.8	4.8	5.8	1.1	0.6	22.4
Indiana	8.9	3.5	2.4	10.6	96.5	14.0	46.3	19.7	7.3	6.2	8.0	1.2	0.6	14.4
Jefferson	8.1	2.3	6.8	4.6	86.8	8.0		12.5	4.7	4.9	6.0	1.3	0.6	18.8
Juniata	8.4	4.1	0.0	8.2	89.7	42.0		14.8	3.9	4.8	5.8	1.1	0.6	11.6
Lackawanna	12.0	3.3	3.8	7.1	130.5	30.0	69.2	27.2	6.3	6.0	7.1	1.2	0.6	17.6
Lancaster	5.5	3.1	2.6	5.2	88.4	61.0	53.2	11.8	4.3	5.3	6.4	1.3	0.7	6.7
Lawrence	9.6	4.6	3.4	9.2	88.4	21.0	69.9	26.8	8.4	4.9	6.0	1.3	0.6	24.1
Lebanon	8.7	2.9	3.6	3.6	96.6	47.0	58.7	8.4	4.3	5.3	6.4	1.3	0.7	11.4
Lehigh	5.6	3.0	3.0	3.8	108.1	50.0	52.5	4.6	2.8	5.5	7.2	1.2	0.6	8.6
Luzerne	9.2	2.8	1.9	11.3	135.2	30.0	54.5	16.7	4.9	6.0	7.1	1.2	0.6	16.4
Lycoming	9.5	4.4	3.5	13.2	116.0	19.0	60.7	13.7	5.4	6.5	8.7	2.1	0.6	17.5
McKean	13.4	12.1	14.5	4.8	108.9	36.0		24.4	4.6	4.9	6.0	1.3	0.6	27.2
Mercer	8.6	4.5	6.3	10.7	127.1	28.0	74.7	36.1	7.1	4.9	6.0	1.3	0.6	20.9
Mifflin	15.9	4.3	2.2	12.9	125.0	34.0	31.7	15.2	5.1	4.8	5.8	1.1	0.6	15.5
Monroe	8.8	3.0	4.2	8.3	139.2	66.0	43.7	19.4	5.5	5.0	7.0	1.2	0.5	12.1
Montgomery	5.2	2.2	2.9	9.8	82.1	30.0	49.3	9.9	4.0	5.9	7.7	1.8	0.4	4.9
Montour	3.3	5.5	5.5	16.4	76.6	34.0		5	5.3	6.5	8.7	2.1	0.6	9
Northampton	8.0	2.0	0.0	0.0	97.2	22.0	61.7	8.4	3.5	5.5	7.2	1.2	0.6	9.9
Northumberland	11.7	5.4	0.0	0.0	84.8	77.0	56.8	9.6	5.2	6.5	8.7	2.1	0.6	21.2
Perry	8.8	2.2	0.0	0.0	162.6	23.0	66.3	20.3	7.2	4.8	5.8	1.1	0.6	15.3
Philadelphia	5.2	5.7	0.0	0.0	41.9	18.0	100.6	13.1	3.4	7.1	13.9	3.3	0.9	6.6
Pike	11.6	1.8	1.8	9.0	95.2	27.0	25.3	17.8	7.3	5.0	7.0	1.2	0.5	15.5
Potter	20.5	6.0	11.9	0.0	113.1	7.0			6.1	6.5	8.7	2.1	0.6	22.2
Schuylkill	10.5	3.5	4.2	3.5	100.3	39.0	52.2	13.6	8.5	5.0	7.0	1.2	0.5	26.3
Snyder	5.7	2.5	0.0	0.0	66.2	16.0		4.1	4.3	6.5	8.7	2.1	0.6	10.5
Somerset	8.8	2.7	4.0	0.0	127.5	15.0	46.9	15.7	7.5	5.8	5.5	1.4	0.6	17.4
Sullivan	8.0	0.0	0.0	0.0	164.2	22.0			3.0	6.5	8.7	2.1	0.6	25.5
Susquehanna	14.4	4.9	0.0	0.0	107.4	11.0	28.9	32	5.8	6.0	7.1	1.2	0.6	20.8
Tioga	10.4	2.5	7.4	0.0	100.5	8.0	49	3.2	2.4	6.5	8.7	2.1	0.6	18.1
Union	9.1	4.5	4.5	2.2	74.0	0.0			2.6	6.5	8.7	2.1	0.6	9.3
Venango	7.4	11.6	7.7	7.7	125.6	47.0	47.6	41.1	13.4	4.9	6.0	1.3	0.6	28.6
Warren	12.0	5.0	17.7	2.5	103.4	23.0	35.6	13.8	4.1	4.9	6.0	1.3	0.6	22.1
Washington	10.7	5.3	2.9	16.4	121.1	55.0	62.5	19.6	7.4	5.8	5.5	1.4	0.6	17.4
Wayne	10.9	2.0	5.9	3.9	109.4	40.0	50.2	11.9	7.4	5.0	7.0	1.2	0.5	16.1
Westmoreland	11.2	2.8	0.0	0.0	110.0	39.0	74.5	24.7	7.7	5.8	5.5	1.4	0.6	15.1
Wyoming	9.6	3.7	11.0	3.7	150.1	19.0	43.3	16.5	6.3	6.0	7.1	1.2	0.6	22
York	7.9	3.4	3.4	4.5	113.0	60.0	68.7	15.7	4.7	5.3	6.4	1.3	0.7	11.8

COMMUNITY SPOTLIGHT
on Addressing Substance Use Disorder

The Healthy MOMS Program
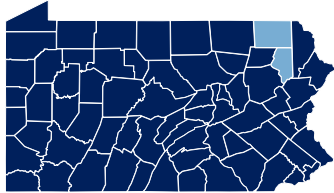
📍 LACKAWANNA & SUSQUEHANNA COUNTIES, PA

The Healthy Maternal Opiate Medical Support (MOMS) program is a collaborative effort of more than 15 community partners in Lackawanna and Susquehanna Counties to support moms struggling with opioid use disorder. New and expectant moms receive coordinated care at any point during their pregnancy and postpartum. Services include case management, medication-assisted treatment, mental health counseling, housing support, transportation, child care, parenting classes, job training and recovery supports through a certified recovery specialist. Since its inception in 2018, the Healthy MOMS program has provided care for more than 80 women.

LEARN MORE

Director of Addiction Services at the Wright Center for Community Health:
Maria Kolcharno

Address: 501 South Washington Ave. Scranton, PA 18505

Website: www.healthymoms.org

Phone: (412) 692-6000

WHAT'S THE CONNECTION?

Rates of opioid use during pregnancy have risen dramatically in the past 10 years. Several adverse maternal and infant health outcomes are associated with opioid use during pregnancy, including preterm birth, stillbirth and maternal death. Opioid use during pregnancy also produces intergenerational effects; opioid-exposed newborns are at higher risk for long-term health consequences associated with neonatal abstinence syndrome. An integrated health and human service approach is needed to support pregnant and new moms in their path to recovery.

HISTORY & COMMUNITY CONTEXT

According to 2017 data from the Centers for Disease Control and Prevention, Pennsylvania had the third-highest rate of drug overdose deaths in the country, a statistic mainly driven by opioid and substance use disorders. County and state authorities have increased prevention and treatment services, including the Governor's Centers of Excellence for Opioid Use Disorder, in the wake of this growing epidemic. In 2018, the Lackawanna/Susquehanna Office of Drug and Alcohol Programs launched a regional effort to support pregnant and new moms in seeking care for substance and opioid use by providing case management and full wraparound services.

PROGRAM COMPONENTS

The Healthy Maternal Opiate Medical Supports (MOMS) program is a community-based initiative, adapted from the MOMS Ohio collaborative model, which integrates all aspects of recovery for moms in the prenatal and postnatal periods. Pregnant mothers and those who gave birth in the past two years, regardless of opioid use disorder diagnosis, are eligible to receive recovery services and may enter the program through any of the 15 Healthy MOMS partner organizations.

All referral partners use the same intake form to reduce administrative burden and improve access to care.

Core Services Include:

- Addiction and recovery services (e.g., medication-assisted treatment (MAT), therapy, relapse prevention)

- Behavioral health services

- Housing and transportation support

- Coordination and provision of medical care for mom and baby

- Assistance navigating legal and child welfare systems Healthy MOMS is dedicated to meeting mothers where they are in their recovery journey and providing services on a medical and social services continuum during their pregnancy, birth and through the fourth trimester. Efforts to support moms through important transition periods include:

  - *Preparing moms for potential neonatal abstinence syndrome symptoms*

  - *Providing a business card with MAT-specific information for moms to bring to the hospital during labor and delivery to facilitate ease of MAT prescription*

  - *Coordinating access to maternal and pediatric health care after delivery*

  - *Breastfeeding and family planning services*

  - *Support for other identified needs to promote a safe transition from hospital to home for mom and baby (e.g., crib, working utilities in home)*

IMPACT

- 82 expectant and new moms have enrolled since Healthy MOMS was created in 2018

- 54 active participants

LESSONS LEARNED

Education around opioid use disorder and MAT is paramount to combat stigma and increase program engagement. While the Healthy MOMS team has seen tremendous community

support, stigma around understanding of opioid use disorder and treatment remains a barrier. To combat this, Healthy MOMS put education at the forefront of the initiative. Grand Rounds presentations at local hospitals, education for staff at the county prison, and preparation around potential neonatal abstinence syndrome for moms are examples of the diverse educational strategies.

A client-centered approach and willingness to innovate positions a new program for success. The Healthy MOMS partners indicate that listening to the needs of moms, especially in the early phases of defining eligibility and service delivery, is a key factor in client engagement and retention.

FUNDING

Healthy MOMS is funded in part by the Pennsylvania Department of Drug and Alcohol Programs and AllOne Foundation.

PARTNERS

The Healthy MOMS program was founded by a diverse group of community organizations that came together with a common goal: to promote healthy and happy futures for moms and babies by facilitating access to a spectrum of care for moms in recovery. For a full list of partners, visit www.healthymoms.org.

- The Lackawanna/Susquehanna Office of Drug and Alcohol Programs

- The Wright Center for Community Health Outreach

- Outreach Center for Community Resources

- Maternal and Family Health Services, Inc. Community Care Behavioral Health Organization St. Joseph's Center

Domain 3: Socioeconomic Status

The economic and social contexts of children affect their health and well-being throughout the course of their lives (Lu & Halfon, 2003). Both individual and community economic factors influence stress levels in mothers and children, which can lead to adverse health outcomes. Home visiting programs primarily serve families in under-resourced communities because interrupting the cycle of poverty and its impact on the health and well-being of families of young children is critically important to addressing health inequities (MOD-a, 2017; MOD-b, 2017; MOD-c, 2018; MOD-d, 2018). Poverty and low socioeconomic status disproportionately effect Black and Hispanic families and children. In Pennsylvania, about one-third of Black and Hispanic children live in poverty, three times the rate of White children (Census, 2018).

TABLE 5: SOCIOECONOMIC STATUS INDICATORS

Indicator	Definition	Year	Data Source	Min.	Med.	Max.	U.S. Rates
Poverty	Percent of population living below 100% of the Federal Poverty Level (FPL)	2014-2018	Census	6.1	12.7	24.9	15.1
Child poverty	Percent of children under age 5 living in poverty	2014-2018	Census	7.5	21.2	34.3	18.4
Income inequality	Gini Coefficient measurement of income inequality scaled 0 to 1	2014-2018	American Community Survey	0.4	0.4	0.5	0.4
Unemployment	Unemployed percent of civilian labor force	2019	Bureau of Labor Statistics	3.2	4.7	6.8	3.7
Teens not in school	Percent of 16-19 year olds not enrolled in school and with no high school diploma	2017	American Community Survey	0.5	4.3	19.0	4.0
Teen births	Number of births per 1,000 females ages 15-19	2011-2017	National Center for Health Statistics	4.0	22.0	37.0	24.2
Mothers without high school diploma	Percent of births to mothers whose educational attainment is below high school	2017	PA Department of Health	3.9	13.3	34.7	13.0
Public assistance	Percent of households with children under 18 who have received SSI, cash assistance or SNAP	2013-2017	American Community Survey	10.2	25.6	51.3	24.4
Renters who are cost-burdened	Percent of renters whose rent is 30% or greater of total income	2013-2017	Census, Federal Reserve Bank	23.5	39.9	57.7	35.6
WIC redemptions	Per capita dollar amount of WIC redemptions	2017	USDA	5.6	14.4	37.1	41.3
Child food insecurity	Percent of children who live in food-insecure households	2017	USDA	12.1	17.9	24.4	17.0

Socioeconomic Need

Level of need within this domain was determined by weighting individual counties' need level for each indicator. One county had **elevated need** for 9 of the 11 indicators and eight counties had **no indicators with elevated need** in this domain.

The rates of unemployment and teen births were similar across counties. While Pennsylvania's statewide rate of families with children receiving public assistance was similar to the national rate, these benefits were concentrated in a few counties where roughly half of families were receiving SSI, cash assistance or SNAP benefits.

In 20 counties, at least 1 in 4 children under age 5 live in poverty. The highest rates of child poverty were concentrated in the northwest and north central regions. At least one-quarter of renters are considered cost-burdened in every county, some with rates higher than 50%. The highest rates were in the northeast and southeast regions.

FIGURE 3: SOCIOECONOMIC NEED MAP

Fifteen counties across the state experience an elevated need in socioeconomic conditions, while 13 counties fared well.

Low Need

Moderate Need
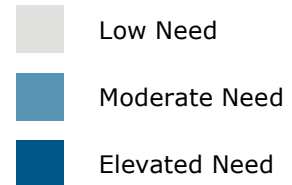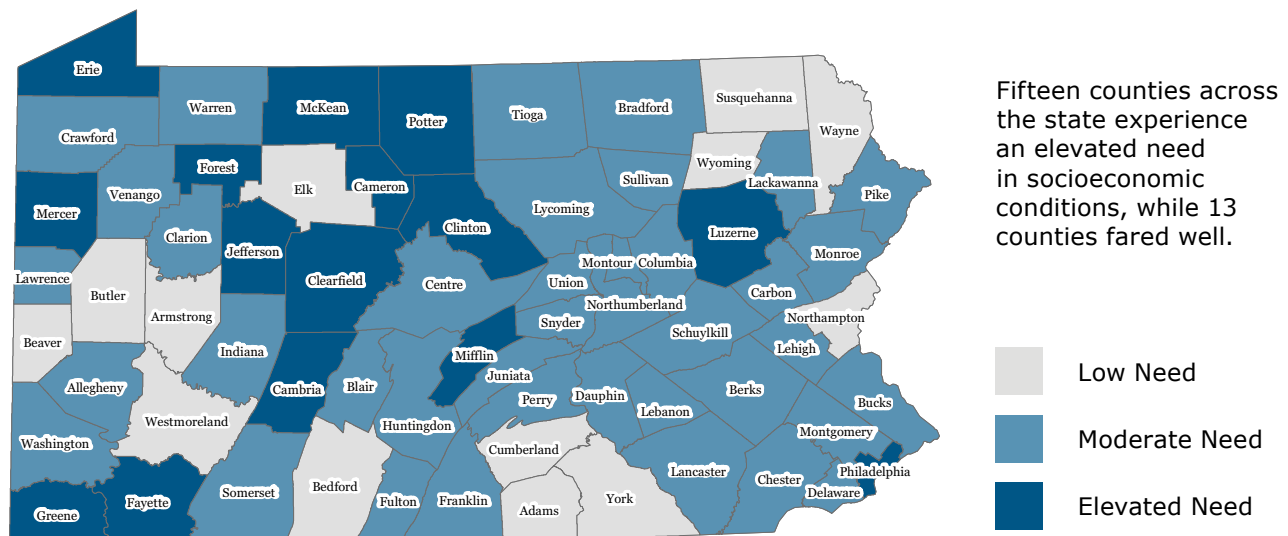
Elevated Need

Low Need	Moderate Need		Elevated Need
Adams	Allegheny	Lancaster	Cambria
Armstrong	Berks	Lawrence	Cameron
Beaver	Blair	Lebanon	Clearfield
Bedford	Bradford	Lehigh	Clinton
Butler	Bucks	Lycoming	Erie
Cumberland	Carbon	Monroe	Fayette
Elk	Centre	Montgomery	Forest
Northampton	Chester	Montour	Greene
Susquehanna	Clarion	Northumberland	Jefferson
Wayne	Columbia	Perry	Luzerne
Westmoreland	Crawford	Pike	McKean
Wyoming	Dauphin	Schuylkill	Mercer
York	Delaware	Snyder	Mifflin
	Franklin	Somerset	Philadelphia
	Fulton	Sullivan	Potter
	Huntingdon	Tioga	
	Indiana	Union	
	Juniata	Venango	
	Lackawanna	Warren	
		Washington	

TABLE 6: SOCIOECONOMIC STATUS INDICATORS BY COUNTY

Counties that fall in the highest-need quartile for each indicator are highlighted in red.

County	Poverty Percent of population under 100% FPL	Child Poverty Percent of children under age 5 in poverty	Income Inequality Measured as GINI coefficient of inequality	Unemployment Percent of civilian labor force	Teens not in school Percent of 16-19 year olds not enrolled in school with no diploma	Teen Birth Rate Births per 1,000 females ages 15-19	Mothers Without a High School Diploma Percent of all mothers	Public Assistance Percent of households with children receiving SSI, cash assistance or SNAP	Renters Who are Cost-burdened Percent of renters whose rent is at least 30% of monthly income	WIC Redemptions Per capita dollar amount	Child Food Insecurity Percent of children
Adams	8.8	17.6	0.4	3.3	2.0	19.0	11.5	18.3	42.8	8.7	14.5
Allegheny	12.1	17.7	0.5	4.1	2.2	15.0	5.2	25.6	42.9	10.6	16.3
Armstrong	11.7	22.2	0.4	5.1	4.7	25.0	11.0	28.9	31.8	12.2	19.0
Beaver	10.9	16.3	0.4	4.5	1.9	21.0	6.6	28.9	38.9	12.4	17.1
Bedford	12.7	19.6	0.4	4.7	7.5	22.0	13.6	25.9	37.9	12.6	18.0
Berks	12.8	20.4	0.4	4.3	2.7	25.0	17.0	30.8	48.9	18.7	16.1
Blair	14.6	24.3	0.4	4.5	4.6	27.0	13.3	30.7	44.4	22.7	18.4
Bradford	12.0	16.9	0.4	4.4	4.5	31.0	11.4	26.9	37.4	19.9	17.8
Bucks	6.1	8.1	0.5	3.8	0.9	8.0	4.5	10.7	49.1	6.5	12.8
Butler	8.3	12.5	0.4	3.9	1.4	11.0	3.9	13.4	40.6	9.7	14.4
Cambria	15.4	28.1	0.4	5.3	1.7	22.0	8.3	32.6	39.4	16.8	20.3
Cameron	14.3	29.7	0.4	6.0	2.2	37.0	16.7	22.1	41.6		21.3
Carbon	12.5	27.1	0.4	5.4	2.9	22.0	9.3	29.7	45.1	10.9	19.1
Centre	18.4	13.7	0.5	3.3	1.4	4.0	9.4	15.8	51.5	6.3	14.5
Chester	6.8	9.5	0.5	3.2	3.1	9.0	10.3	10.2	45.8	6.9	12.1
Clarion	16.2	21.2	0.4	4.9	4.1	16.0	20.8	25.2	41.4	15.1	19.5
Clearfield	14.9	27.5	0.4	5.2	6.2	26.0	13.4	35.4	40.3	14.9	20.2
Clinton	17.4	29.9	0.4	5.4	8.2	16.0	25.3	26.8	38.4	14.5	20.4
Columbia	14.3	25.2	0.5	4.8	6.3	13.0	11.8	20.7	42.2	13.2	17.8
Crawford	14.1	24.5	0.4	4.7	10.7	21.0	28.3	26.7	38.4	12.8	18.7
Cumberland	7.4	11.2	0.4	3.4	3.6	11.0	10.6	14.5	41.4	8.6	14.1
Dauphin	12.7	24.3	0.5	4.0	5.3	29.0	13.7	28.5	43.7	16.6	16.4
Delaware	10.0	14.4	0.5	4.0	2.7	14.0	6.9	22.8	48.3	14.4	14.7
Elk	9.8	13.9	0.4	4.9	4.6	26.0	6.6	15.0	31.7	15.9	16.6
Erie	16.3	29.8	0.5	4.6	3.1	25.0	15.0	36.6	44.7	18.9	19.7
Fayette	17.7	29.0	0.5	5.9	4.3	35.0	15.4	42.0	39.3	15.1	22.6
Forest	14.5	32.7	0.4	6.8	0.5	32.0	18.2	44.1	24.7		24.4
Franklin	10.3	18.7	0.4	3.8	6.6	25.0	17.1	22.0	38.0	15.4	15.9

Fulton	11.4	15.9	0.4	4.4	1.5	29.0	6.8	26.1	32.7		16.6
Greene	14.2	22.2	0.4	5.1	2.7	27.0	16.8	34.6	29.0	17.1	19.5
Huntingdon	13.3	21.9	0.4	5.9	3.7	22.0	13.6	25.4	31.3	14.4	19.0
Indiana	16.8	25.0	0.5	5.0	5.7	12.0	26.1	23.0	47.0	11.6	18.6
Jefferson	13.9	27.2	0.4	4.7	10.6	29.0	22	20.6	37.1	18.1	18.9
Juniata	11.9	18.3	0.4	4.4	16.5	17.0	34.7	20.0	31.2		17.7
Lackawanna	15.1	23.2	0.5	4.9	5.0	20.0	13.7	32.1	42.5	15.6	18.2
Lancaster	10.0	15.5	0.4	3.4	19.0	18.0	26.4	19.0	46.3	32.0	14.8
Lawrence	14.1	22.3	0.5	5.1	2.9	26.0	14.7	33.8	44.4	14.2	19.0
Lebanon	10.4	19.0	0.4	3.9	10.2	25.0	17.5	25.3	39.9	14.8	14.9
Lehigh	12.5	19.5	0.5	4.5	4.6	24.0	12.7	30.3	50.5	20.9	16.0
Luzerne	14.9	30.6	0.5	5.7	2.4	24.0	14.1	36.1	40.5	15.7	19.4
Lycoming	14.2	24.4	0.4	4.8	4.7	25.0	11.0	31.2	45.3	15.4	18.7
McKean	16.8	29.5	0.5	5.3	1.3	27.0	11.6	35.9	40.6	19.1	21.3
Mercer	14.2	26.7	0.4	4.9	5.4	22.0	18.1	32.8	38.5	16.4	19.3
Mifflin	14.4	32.5	0.4	4.7	18.0	28.0	33.7	26.4	36.8	17.4	19.1
Monroe	11.5	18.1	0.4	5.4	0.8	12.0	5.1	25.2	48.1	14.9	15.8
Montgomery	6.2	7.5	0.5	3.5	1.4	8.0	5.0	11.8	45.6	9.3	12.4
Montour	11.1	19.6	0.5	3.6	12.1	18.0	11.4	16.5	34.0		15.9
Northampton	9.1	16.0	0.4	4.5	2.6	14.0	7.2	22.7	49.4	11.5	14.8
Northumberland	13.9	25.6	0.4	5.6	9.3	29.0	16.3	29.4	38.9	12.8	18.9
Perry	8.5	13.2	0.4	3.7	9.6	26.0	20.7	19.5	31.1	6.9	14.9
Philadelphia	24.9	34.3	0.5	5.5	3.5	37.0	14.5	51.3	49.6	37.1	21.3
Pike	10.0	17.1	0.4	5.6	2.3	10.0	6.4	21.7	57.7	5.6	16.5
Potter	14.3	32.1	0.4	5.9	2.6	37.0	15.8	27.5	42.1	15.5	19.3
Schuylkill	12.7	21.2	0.4	5.4	2.8	25.0	13.3	30.3	38.9	11.4	18.0
Snyder	10.6	22.8	0.4	5.4	12.0	17.0	28.8	21.7	32.4	12.4	17.2
Somerset	12.4	20.4	0.4	5.3	6.8	23.0	12.8	26.9	38.1	10.5	19.3
Sullivan	13.4	13.6	0.4	5.2	9.8	18.0	4.2	33.4	23.5		18.0
Susquehanna	12.3	24.1	0.4	4.3	3.7	22.0	7.1	21.2	40.3	10.6	17.9
Tioga	14.2	30.5	0.4	5.3	4.4	20.0	10.0	20.9	36.6	16.5	18.2
Union	11.3	17.5	0.5	4.0	7.5	12.0	23.7	17.7	38.3	11.0	15.6
Venango	13.8	25.3	0.4	4.9	9.6	31.0	14.6	29.8	38.9	18.9	19.3
Warren	12.7	25.1	0.4	4.5	4.6	26.0	15.3	29.6	33.3	13.2	19.3
Washington	9.3	14.3	0.5	4.5	0.9	16.0	7.4	23.1	37.4	8.7	15.7
Wayne	11.6	11.6	0.4	4.7	8.0	15.0	6.8	23.4	39.0	9.7	16.6
Westmoreland	10.0	15.8	0.4	4.5	2.5	14.0	6.5	23.8	37.9	11.3	16.4
Wyoming	10.5	17.2	0.4	4.9	3.1	20.0	10.4	23.1	39.5	16.1	16.9
York	10.0	14.8	0.4	3.8	4.8	23.0	10.0	25.5	47.4	12.8	15.5

COMMUNITY SPOTLIGHT
on Socioeconomic Status

Families in Transition

School District of Lancaster
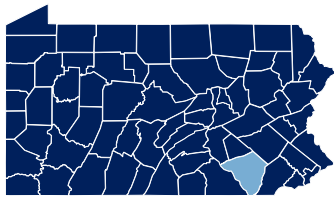
LANCASTER COUNTY, PA

The School District of Lancaster serves more than 11,000 students in a diverse urban area. Each year, almost 1 out of every 10 students in the district are living in shelters, public places or doubled up with other families because they do not have housing. Many others are unaccompanied youth living without a secure home. The district's Families in Transition (FIT) program engages and supports these students and families experiencing homelessness and housing insecurity. The program aims to provide students with academic continuity and assist their families in obtaining permanent housing.

The McKinney-Vento Homeless Student Assistance Act from the U.S. Department of Education requires that each school district hire local homeless education liaison to oversee the implementation of the rights of students experiencing homelessness.

LEARN MORE

Director: Lisette Rivera

Address: 251 S. Prince St, Lancaster, PA 17603

Website: https://sdlancaster.org/discover-sdol/student-services/families-in-transition/

Phone: (717) 299-2700

WHAT'S THE CONNECTION?

The most recent data from the U.S. Department of Education shows that more than 1.5 million children and youth were homeless during the 2016-17 school year. This number includes children ages 3-5 and school-aged children, many of whom are unaccompanied homeless youth, migratory students, English language learners and children with disabilities.

These children and youth are often living in shelters, transitional housing, or hotels/motels, doubled up with family or friends, living unsheltered or awaiting foster care. Unhoused students are more likely to transfer schools or leave school entirely. They are also more likely to be food insecure and suffer from poor physical and mental health.

Lancaster School District has two staff liaisons and one secretary who together support about 1,000 students' families in navigating local resources and securing permanent housing.

COMMUNITY CONTEXT

Lancaster County includes a large urban area and many rural areas. FIT serves families with PK-12 students within Lancaster City, but also extends to families in nearby school districts and counties and those with children who are not yet school-aged. The city of Lancaster and the surrounding Lancaster County have many community-based organizations that have come together to provide resources and services for families experiencing homelessness.

COMPONENTS

While FIT's first priority is ensuring students have academic continuity and success, they take an intergenerational approach to family support. FIT helps families navigate resources for housing, school and pre-K enrollment, transportation, health care, food, electricity, documentation, employment, adult education, and material goods such as school uniforms and hygiene products.

They refer families internally to school district services and provide warm handoffs to external community agencies.

FUNDING

Lancaster School District employs three full-time staff to run this program, partly through Title I federal education funds. The funding for educational, hygiene and uniform supplies are primarily provided through donations.

RECRUITMENT

The FIT office is co-located with the enrollment office and health clinic at the district office. Enrollment staff was cross-trained to screen for housing insecurity and provide a transition to the program. Additionally, every school in the school district has a social worker on site who may refer families. Local shelters notify the school district of any children who have recently moved in. Lastly, some families self-refer into the program. Four times a year, they organize a countywide school meeting for the school district, shelters and nonprofit organizations to plan around housing issues impacting local families.

IMPACT

During the 2019-20 school year, FIT served 564 students and 100 non-students and secured permanent housing for 146 youth.

LESSONS LEARNED

- **Build self-sufficiency:** In the past few years, FIT has shifted toward a model of building family self-sufficiency in resource navigation. They focus on educating families on how to access services they may need regarding housing, employment and finances. They have added parental involvement requirements and re-assess each family's service needs and eligibility after every school year. In addition, they continue to monitor and serve families for the entire school year, even if they have secured permanent housing.

- **Streamline referral processes:** For recruitment and referrals, FIT focuses on streamlining processes with enrollment, teachers and school social workers. The process is defined and each role knows whom to report to when it is clear that a student is housing insecure.

- **Engage with humility and respect:** Leadership also emphasized the importance of respecting the strengths and realities of families engaged with the program. They support a student and their entire family, including adults and young siblings, regardless of background or circumstance. They stressed that homelessness and housing insecurity can affect any of us, and does not define a student or family.

FUTURE

The program hopes to expand services to include prevention and intervention before a family is in crisis. They have begun to host educational events for families regarding local policies that may impact housing and plan to implement them in the future.

U.S. DEPT OF ED. MCKINNEY VENTO HOMELESS ASSISTANCE ACT: THE RIGHTS OF ELIGIBLE CHILDREN AND YOUTH

- Right to immediate school enrollment even when records not present

- Right to remain in the school of origin, if in the student's best interest

  - *Includes public preschools (2015)*

- Right to receive transportation to and from the school of origin

- Right to receive support for academic success

Domain 4: Child Safety & Maltreatment

Child maltreatment is a serious public health issue. Children exposed to abuse or neglect may experience acute and long-term adverse health outcomes including injury, death, chronic disease morbidity and social-emotional impairments (CDC, 2019). Access to supports that address caregiver mental health, substance use and housing, as well as preventive programs that teach positive parenting skills, can improve the safety and well-being of children and their families. This domain includes indicators compiled from multiple systems serving families to inform a comprehensive picture of child safety and maltreatment need.

TABLE 7: CHILD SAFETY & MALTREATMENT INDICATORS

Indicator	Definition	Year	Data Source	Min.	Med.	Max.	U.S. Rates
Child maltreatment	Number of substantiated child maltreatment victims under 18 years old	2019	PA Department of Human Services, OCYF	0.000	2.200	6.700	9.120
Substantiated young child abuse and neglect	Number of substantiated child abuse and neglect victims per 1,000 children ages 0-4	2016	PA Department of Human Services, OCYF	0.000	2.268	8.252	13.596
Abuse against pregnant and postpartum women	Rate of diagnosed abuse among Medicaid-enrolled pregnant women or women who gave birth in the past 3 years	2016	PA Birth Certificate and Medicaid Claims	0.000	0.003	0.010	0.002
Domestic violence-related deaths of women	Number of domestic violence-related deaths per 1,000 females ages 15-50 years	2005-2019	PA Coalition Against Domestic Violence	0.000	0.221	1.502	0.01**
Protection from abuse order	Number of judge-grated protection from abuse orders per 1,000 residents	2018	PA Courts	0.000	0.453	2.965	N/A
Infant non-superficial injury	Number of children with non-superficial injuries during the first year of life per 1,000 Medicaid-enrolled children	2008-2014	PA Birth Certificate and Medicaid Claims	0.007	0.013	0.020	N/A
Young child non-superficial injury	Number of children with non-superficial injuries during the first 5 years of life per 1,000 Medicaid-enrolled children	2008-2014	PA Birth Certificate and Medicaid Claims	0.051	0.073	0.111	N/A
Child welfare in-home services	Percent of children under age 18 receiving child welfare in-home services in FY 2017-2018	2017-2018	PA Department of Human Services, OCYF	1.267	10.233	50.825	1.821
Substance use need	Composite score of selected substance use indicators	2014-2017	See Substance Use Domain	0.000	0.211	0.667	N/A

**Intimate partner violence-related deaths of women 15-50 for the years 2005-2017, CDC NVDRS data

Child Safety & Maltreatment Need

Level of need within this domain was determined by weighting individual counties' need level for each indicator. One county had **elevated need** for 9 of the 10 indicators and nine counties **did not have elevated need** for any indicator in this domain.

In all counties, child maltreatment rates were lower than the national rate of 9 victims per 1,000 children. Two counties with the lowest rates of substantiated infant and young child abuse and neglect had the highest rates of child welfare in-home prevention services. Elevated rates of health care encounters for non-superficial injuries were present in 10 counties where substantiated reports of maltreatment were not observed as elevated, indicating a potential unmet need for prevention services.

Three counties were observed to have 1 or more women per every 1,000 female residents between the ages of 15 and 50 killed by a domestic or intimate partner.

FIGURE 4: CHILD SAFETY & MALTREATMENT NEED MAP

Seventeen counties experienced an elevated need for services to address child safety and maltreatment, while 21 counties indicated low need.

Low Need

Moderate Need

Elevated Need

Low Need	Moderate Need		Elevated Need
Beaver	Adams	Lackawanna	Bradford
Berks	Allegheny	Lawrence	Carbon
Bucks	Armstrong	Lehigh	Clearfield
Butler	Bedford	Luzerne	Columbia
Centre	Blair	Mifflin	Crawford
Chester	Cambria	Monroe	Elk
Cumberland	Cameron	Montour	Fayette
Delaware	Clarion	Pike	Forest
Franklin	Clinton	Snyder	Greene
Indiana	Dauphin	Sullivan	Lycoming
Juniata	Erie	Susquehanna	McKean
Lancaster	Fulton	Union	Mercer
Lebanon	Huntingdon	Wayne	Northumberland
Montgomery	Jefferson	Westmoreland	Philadelphia
Northampton		Wyoming	Potter
Perry			Tioga
Schuylkill			Venango
Somerset			
Warren			
Washington			
York			

TABLE 8: CHILD SAFETY & MALTREATMENT INDICATORS BY COUNTY

Counties that fall in the highest-need quartile for each indicator are highlighted in red.

County	Substantiated Child Maltreatment Per 1,000 children 100% FPL	Substantiated Young Child Abuse and Neglect Per 1,000 children under age 5	Rate of Abuse Against Pregnant and Postpartum Women	Domestic Violence-related Deaths of Women Per 1,000 female residents	Protection from Abuse Order Per 1,000 residents	Infant Non-superficial Injury Per 1,000 Medicaid-enrolled infants 15-19	Young Child Non-superficial Injury Per 1,000 Medicaid-enrolled young children	Child Welfare In-home Services Percent of children	Substance Use Score Index of selected substance use indicators
Adams	2.000	3.298	0.000	0.192	0.185	0.011	0.059	7.802	0.123
Allegheny	0.700	1.151	0.005	0.205	0.473	0.014	0.077	6.112	0.386
Armstrong	3.300	1.834	0.004	0.163	0.506	0.013	0.087	10.593	0.456
Beaver	2.500	1.988	0.002	0.311	0.443	0.011	0.068	12.932	0.368
Bedford	2.900	1.650	0.000	0.443	0.353	0.013	0.089	8.944	0.175
Berks	1.900	1.566	0.002	0.218	0.300	0.012	0.072	4.049	0.000
Blair	3.000	4.103	0.003	0.282	0.539	0.010	0.082	4.097	0.000
Bradford	2.500	3.284	0.002	0.348	1.973	0.017	0.076	14.841	0.211
Bucks	0.800	0.658	0.001	0.116	0.287	0.011	0.066	7.411	0.211
Butler	1.000	1.041	0.002	0.181	0.229	0.013	0.072	3.559	0.281
Cambria	1.000	1.185	0.002	0.430	0.243	0.013	0.084	7.600	0.667
Cameron	0.000	0.000	0.000	1.399	0.668	0.017	0.052	18.492	0.298
Carbon	2.600	6.430	0.008	0.489	0.872	0.020	0.095	16.672	0.246
Centre	1.600	0.776	0.005	0.048	0.399	0.009	0.052	10.698	0.333
Chester	0.800	0.413	0.003	0.105	0.153	0.012	0.052	2.086	0.000
Clarion	1.800	6.122	0.000	0.344	0.516	0.014	0.072	9.937	0.193
Clearfield	1.600	1.361	0.005	0.345	0.831	0.014	0.077	17.011	0.246
Clinton	3.000	4.796	0.003	0.229	0.698	0.015	0.076	50.825	0.333
Columbia	3.600	1.987	0.004	0.198	1.176	0.013	0.076	20.593	0.298
Crawford	3.200	4.504	0.001	0.282	0.200	0.015	0.086	9.440	0.368
Cumberland	2.000	2.496	0.005	0.110	0.243	0.013	0.062	5.317	0.000
Dauphin	2.900	3.667	0.004	0.212	0.715	0.011	0.063	10.233	0.123
Delaware	0.700	0.800	0.006	0.171	0.420	0.013	0.069	4.120	0.175
Elk	3.700	4.380	0.004	0.363	0.630	0.014	0.066	23.757	0.246
Erie	1.700	1.724	0.002	0.221	0.415	0.017	0.086	12.253	0.246
Fayette	1.500	2.692	0.003	0.391	0.767	0.018	0.092	8.220	0.667
Forest	6.700	0.000	0.000	1.502	0.000	0.007	0.087	21.889	0.246
Franklin	2.100	1.276	0.000	0.187	0.058	0.011	0.061	11.847	0.000
Fulton	2.700	2.766	0.000	0.709	0.413	0.014	0.075	15.285	0.000
Greene	4.200	8.252	0.003	0.414	0.329	0.015	0.111	12.376	0.491

Huntingdon	2.500	1.476	0.000	0.120	0.531	0.012	0.085	13.167	0.123
Indiana	1.900	2.216	0.005	0.108	0.320	0.010	0.068	9.414	0.158
Jefferson	4.300	2.414	0.003	0.119	0.390	0.011	0.086	9.241	0.000
Juniata	2.500	2.143	0.000	0.000	0.364	0.010	0.056	7.403	0.000
Lackawanna	2.000	2.589	0.004	0.067	0.432	0.013	0.075	17.967	0.386
Lancaster	1.300	1.477	0.005	0.145	0.263	0.011	0.067	5.562	0.070
Lawrence	0.900	2.023	0.004	0.236	0.743	0.017	0.093	1.267	0.544
Lebanon	1.900	2.611	0.004	0.204	0.432	0.011	0.072	5.706	0.070
Lehigh	1.900	2.004	0.004	0.254	0.758	0.016	0.092	9.027	0.088
Luzerne	1.900	2.418	0.003	0.472	0.809	0.010	0.065	1.979	0.140
Lycoming	3.500	5.226	0.003	0.208	0.739	0.014	0.074	10.917	0.211
McKean	4.300	5.261	0.000	0.252	1.416	0.019	0.091	9.451	0.368
Mercer	4.700	2.936	0.004	0.275	0.885	0.014	0.093	12.245	0.263
Mifflin	2.100	3.857	0.005	0.112	0.389	0.011	0.075	24.144	0.175
Monroe	2.200	3.248	0.001	0.217	0.301	0.013	0.073	13.258	0.053
Montgomery	0.700	0.787	0.003	0.117	0.246	0.012	0.064	1.482	0.000
Montour	1.100	0.000	0.008	0.274	1.316	0.011	0.071	12.134	0.298
Northampton	3.000	3.232	0.003	0.230	0.981	0.014	0.079	6.525	0.000
Northumberland	3.500	2.735	0.004	0.231	1.263	0.015	0.080	20.838	0.456
Perry	3.000	2.268	0.000	0.217	0.412	0.010	0.068	8.458	0.175
Philadelphia	2.300	2.180	0.010	0.255	0.727	0.016	0.082	4.854	0.456
Pike	3.600	1.095	0.000	0.195	0.948	0.010	0.069	5.446	0.123
Potter	6.200	2.212	0.008	1.016	0.842	0.009	0.067	36.962	0.456
Schuylkill	2.200	3.260	0.003	0.262	0.753	0.013	0.080	13.033	0.246
Snyder	2.900	3.763	0.003	0.000	0.345	0.007	0.051	7.202	0.211
Somerset	2.400	1.456	0.002	0.462	0.149	0.009	0.057	10.546	0.175
Sullivan	2.800	0.000	0.000	0.000	2.965	0.009	0.055	23.919	0.386
Susquehanna	1.700	0.535	0.003	0.422	1.651	0.010	0.062	10.527	0.246
Tioga	6.600	6.893	0.005	0.123	0.025	0.013	0.063	13.518	0.211
Union	2.000	2.376	0.004	0.112	0.826	0.010	0.060	12.244	0.211
Venango	5.700	4.151	0.002	0.212	1.853	0.018	0.091	12.578	0.421
Warren	1.900	2.534	0.003	0.418	0.430	0.007	0.064	11.768	0.246
Washington	0.900	2.281	0.001	0.335	0.415	0.012	0.079	8.282	0.211
Wayne	3.100	2.288	0.003	0.349	0.741	0.012	0.063	20.815	0.123
Westmoreland	1.700	1.482	0.004	0.179	0.453	0.014	0.078	9.292	0.544
Wyoming	3.300	5.113	0.000	0.187	2.363	0.012	0.075	2.605	0.175
York	2.200	2.038	0.002	0.271	0.297	0.011	0.059	6.605	0.158

COMMUNITY SPOTLIGHT
on Child Safety & Maltreatment

The Lehman Center Crisis Nursery
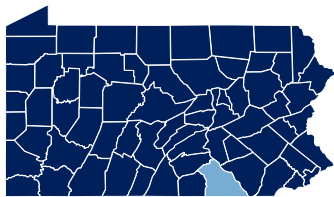
YORK COUNTY, PA

The Children's Aid Society's Crisis Nursery at the Lehman Center (TLC) provides families with short-term day and overnight emergency respite care for children under the age of 6. In addition to this short-term care, they provide wraparound social services for families that include child-centered art and play therapy, family advocacy and resource navigation services, parent support groups, parent abuse prevention education, and a 24/7 parent and caregiver hotline.

WHAT'S THE SIGNIFICANCE?

Emergency respite care is often used as part of a network of services to prevent child abuse and neglect. Crisis nurseries provide short-term care for families who are experiencing overwhelming stress or emergency situations and do not have a support system to care for their child at the time of the stressor or emergency.

COMMUNITY CONTEXT

The Crisis Nursery at TLC was established in 1987 when child abuse was the second-leading cause of death for children in York County. There are currently only three similar programs in the state.

The Crisis Nursery only serves families in York County because they receive funding from local child welfare services. York is a county with both urban and rural communities with varied needs and infrastructure. There are many factory and warehouse jobs in and around York and a broad network of social services for families struggling with housing, food insecurity, substance use disorders and intimate partner violence. To further support families in the community, leadership at TLC participates in a local Integrated Practice Team that includes county child welfare services and other social service organizations.

PROGRAM COMPONENTS

The Lehman Center provides a number of important services that work in conjunction with the crisis nursery to support families and children. The Crisis Nursery provides day and overnight respite care for children under 6 years of age. Children can stay at the nursery for up to three days at a time, up to 18 days a year. Children in the nursery's care receive home-cooked meals, play and social activities. Once a family has used the nursery three times, they are referred to the on-site family advocate who offers casework services and connections to external resources.

RECRUITMENT

TLC is well known in the community and families who have used the services often refer others. Local child welfare agencies, hospitals and the local Integrated Practice Team also refer families in crisis to their services. The nursery operates a 24-hour hotline that families can call to schedule respite care when needed.

Parents use the Crisis Nursery for many different reasons, including emergency medical procedures, overwhelming parental stress, homelessness or eviction, lack of food or utilities or temporary incarceration. The Crisis Nursery responds to the needs of local families by providing care in situations that could leave children in danger of harm or neglect.

> **"It's just a great place to bring your kids and know they're safe and taken care of—and that if you have something going on, I've definitely had situations where I was stuck with nowhere to take my kids and it was an emergency."**

LESSONS LEARNED

- **Partner with child welfare services:** TLC is clear that the startup costs of creating a crisis nursery in a new county may seem prohibitive. They estimate the cost to start out is about $500,000 with yearly operating costs of at least $500,000. To fund this work, they have built a partnership with York County Children and Youth Services (CYS), the local child welfare agency, the local United Way and individual supporters. The Crisis Nursery serves an important role in preventing child welfare involvement, and the vast majority of families who use the Crisis Nursery are unknown to CYS.

- **Design around community need and infrastructure**: They emphasize that crisis nurseries, even across Pennsylvania, look very different in organizational structure and operations. The service must meet the unique needs of the local community to be successful over time. Bridging the gap between a crisis nursery and the broader community can bring in resources, referrals and community support.

- **Invest in people:** Lastly, leadership at TLC stressed the importance of investing in staff. Almost all of their operating costs go towards staff pay, as people are the primary resource at a nursery. Retaining and paying staff is difficult due to the nature of the work and they continue to try to find way to attract and retain quality staff.

IMPACT

In 2019, the Crisis Nursery completed 612 intake appointments on 122 children, who received 28,630 hours of respite childcare, 2,448 parent and caregiver hotline calls were answered, 105 families were supported for 814 hours by the family advocate, 234 parents participated in 1,002 hours of group support and 54 parents received 82 hours of parent education.

> ### LEARN MORE
>
> **Address:** 402 W. Market Street York, PA 17401
>
> **Website:** https://www.cassd.org/crisisnursery.html
>
> **Email:** info@cassd.org

Domain 5: Community Environment

A family's community environment is where they live, work and play. Community has a strong influence on family well-being. Families must have access to necessary goods and services such as food and health care, clean air to breathe and safe community spaces. Community environments can be socially and physically protective to health, or, conversely can contribute to poor health and increased stress. Historic and systemic racism, exemplified by residential segregation and disproportionate environmental exposures, harm the health and well-being of Black, Indigenous and people of color. For example, in Pennsylvania, non-Hispanic Black and Hispanic children experience lead poisoning at higher rates than non-Hispanic White children (CDC, 2018).

TABLE 9: COMMUNITY ENVIRONMENT INDICATORS

Indicator	Definition	Year	Data Source	Min.	Med.	Max.	U.S. Rates
SNAP-authorized stores	Number of SNAP-authorized stores per 1,000 families	2012	USDA	2.7	7.2	15.8	0.8
WIC-authorized stores	Number of WIC-authorized stores per 1,000 families with children under age 6	2012	USDA	1.4	3.3	47.6	3.1
Low income and low access census tracts	Percent of census tracts with low income and low access to grocery stores	2015	USDA	0.0	7.4	50.0	12.7
Hospitals	Number of hospital beds per 1,000 residents	2016	HRSA	0.0	2.6	42.5	2.4
Community Health Centers	Number of Federally Qualified Community Health Centers (FQHCs) and related organizations per 100,000 residents	2018	HRSA	0.0	1.4	44.5	4.4
Primary care physicians	Number of primary care physicians per 1,000 residents	2016	HRSA	0.0	0.6	4.5	1.6
Pediatric dentists	Number of active pediatric dentists per 1,000 children under age 18	2017	PA Coalition for Oral Health	0.0	0.0	0.3	0.1
Crimes	Number of reported crimes per 1,000 residents	2016	US DOJ	7.9	15.6	41.5	18.8
Juvenile arrests	Number of crime arrests per 100,000 juveniles ages 0-17	2016	US DOJ	683.0	1554.8	5570.3	1162.4
Environmental quality	Average index score of potential exposure to harmful toxins	2015	US HUD	20	83	97	49.5

Libraries	Number of libraries per 100,000 residents	2015	Institute of Museum and Library Services	2.2	5.5	29.5	2.9
Car ownership in rural counties	Percent of census tracts with low care ownership (Indicator used in 61 rural counties)	2017	US Census Bureau	14.3	50.0	100.0	N/A
Public transit in urban counties	Public transit performance score (Indicator used in 6 urban counties)	2016	Center for Neighborhood Technology	2.4	4.9	9.0	N/A
Children blood-lead level	Percent of children with confirmed blood-lead levels ≥ 5 μg/dL	2017	CDC	1.0	5.9	28.9	3.0
Residential segregation	Index of dissimilarity where higher values indicate greater residential segregation between Black and White county residents	2014-2018	Census	34	57	76	N/A

Community Environment Need

Level of need within this domain was determined by weighting individual counties' need level for each indicator. Two counties had **elevated need** for 8 of the 14 indicators and two counties had **no elevated need** in this domain.

Statewide, 5% of children had elevated blood lead levels and in nine counties, at least 1 in 10 children experienced lead poisoning. The southeastern region and mostly urban counties had the highest exposure to environmental hazards.

Half of rural counties had areas with low levels of car ownership. Many of these were in the northwest and north central regions of the state. Five rural counties with low levels of car ownership were also low income and low access as defined by the United States Department of Agriculture (USDA), meaning that 30% of residents live over 10 miles from a food store.

At the same time, many rural counties in the northern part of the state had access to a high number of libraries per resident.

FIGURE 5: COMMUNITY ENVIRONMENT NEED MAP
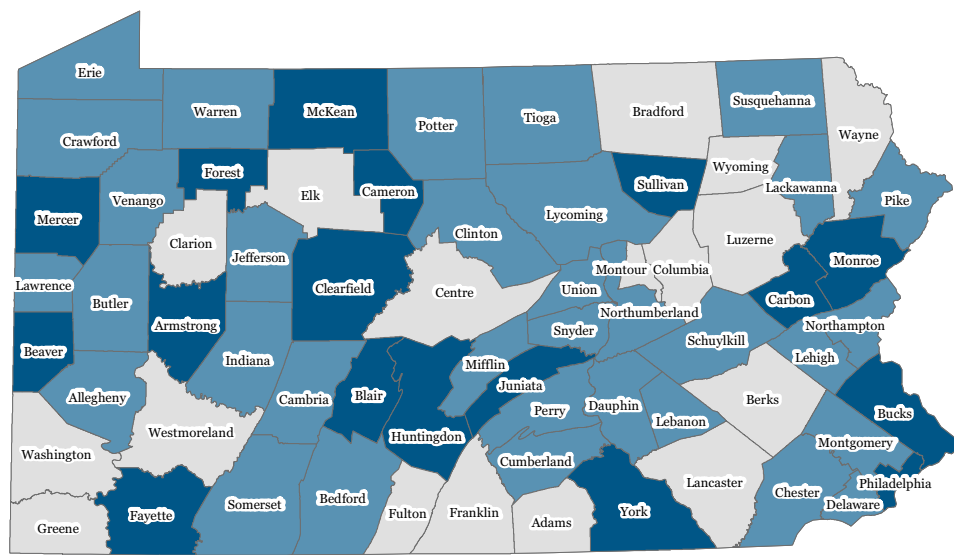
Seventeen counties have an elevated community and environment need, while 17 others have a low need in this area. Columbia and Washington counties did not have an elevated need in any of the indicators in this domain.

Low Need

Moderate Need
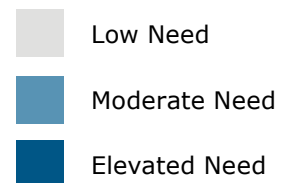
Elevated Need

Low Need	Moderate Need		Elevated Need
Adams	Allegheny	Lehigh	Armstrong
Berks	Bedford	Lycoming	Beaver
Bradford	Butler	Mifflin	Blair
Centre	Cambria	Montgomery	Bucks
Clarion	Chester	Northampton	Cameron
Columbia	Clinton	Northumberland	Carbon
Elk	Crawford	Perry	Clearfield
Franklin	Cumberland	Pike	Fayette
Fulton	Dauphin	Potter	Forest
Greene	Delaware	Schuylkill	Huntingdon
Lancaster	Erie	Snyder	Juniata
Luzerne	Indiana	Somerset	McKean
Montour	Jefferson	Susquehanna	Mercer
Washington	Lackawanna	Tioga	Monroe
Wayne	Lawrence	Union	Philadelphia
Westmoreland	Lebanon	Venango	Sullivan
Wyoming		Warren	York

TABLE 10: COMMUNITY ENVIRONMENT INDICATORS BY COUNTY

Counties that fall in the highest-need quartile for each indicator are highlighted in red.

County	SNAP-authorized Stores Per 1,000 families	WIC-authorized Stores Per 1,000 families with children under age 6	Low Income and Low Access Census Tracts Percent of census tracts	Hospitals Per 1,000 residents	Community Health Centers Per 100,000 residents	Primary Care Physicians Per 1,000 residents	Pediatric Dentists Per 1,000 residents	Crimes Per 1,000 residents	Juvenile Arrests Per 1,000 residents ages 0-17	Environmental Quality Average index score	Libraries Per 100,000 residents	Low Car Ownership Percent of census tracts in rural counties	Public Transit Performance scores in urban counties	Child Blood Lead Level Percent of children ≥ 5 µg/dL	Residential Segregation Index
Adams	4.0	2.3	0.0	0.7	2.9	0.5	0.1	9.9	1674.8	80.0	5.9	30.4		8.2	57
Allegheny	6.2	2.1	7.7	5.8	2.5	1.1	0.1	23.8	2072.7	27.0	5.7		5.2	7.0	64
Armstrong	6.4	4.4	5.3	2.5	0.0	0.4	0.0	7.9	1279.5	88.0	4.5	57.9		7.0	66
Beaver	7.3	2.3	29.4	1.8	1.8	0.5	0.1	21.7	1530.8	71.0	7.2	47.1		10.0	66
Bedford	6.9	3.9	9.1	0.6	4.2	0.3	0.0	9.0	683.0	93.0	8.2	36.4		4.5	
Berks	7.2	7.2	1.1	3.0	1.2	0.6	0.0	19.2	1681.8	56.0	5.8	44.4		1.0	53
Blair	8.5	3.6	20.6	4.5	1.6	0.8	0.0	15.8	1906.3	82.5	6.5	64.7		4.2	66
Bradford	9.5	4.0	7.1	7.8	0.0	0.9	0.0	16.9	1820.5	95.0	14.8	42.9		11.0	
Bucks	4.4	2.4	4.9	1.7	0.0	0.9	0.2	15.4	1421.9	53.0	2.4		2.7		52
Butler	4.8	3.1	0.0	1.5	0.5	0.6	0.1	13.0	1130.0	77.0	4.3	36.4		9.5	53
Cambria	8.8	3.2	11.9	4.5	0.8	0.8	0.0	15.9	1455.3	90.0	10.4	57.1		2.4	72
Cameron	11.2	8.1	0.0	0.0	44.5	0.4	0.0	17.0	2460.0	94.0	21.4	100.0		4.3	
Carbon	5.1	3.1	8.3	3.9	0.0	0.5	0.0	21.6	2330.7	83.0	4.7	50.0		5.4	55
Centre	5.1	2.5	6.5	2.7	0.6	0.7	0.2	11.7	1326.4	77.0	2.5	51.6		4.9	50
Chester	3.3	1.5	6.0	2.5	0.8	0.9	0.1	13.4	1021.3	60.0	3.3		2.4	4.8	47
Clarion	10.1	4.7	20.0	3.6	5.2	0.5	0.0	12.5	928.7	94.0	13.0	60.0		8.2	51
Clearfield	7.8	5.3	20.0	3.3	1.3	0.6	0.0	17.9	1477.9	93.0	5.0	65.0		7.0	73
Clinton	7.7	3.4	0.0	3.8	0.0	0.5	0.0	12.8	1177.5	92.0	5.1	66.7		7.0	63
Columbia	7.9	3.3	0.0	2.6	1.5	0.6	0.1	15.3	1225.2	87.0	4.5	40.0		6.4	52
Crawford	7.9	2.7	13.0	2.7	1.2	0.6	0.0	14.0	1874.9	90.0	10.4	47.8		9.5	64
Cumberland	5.1	2.3	8.2	2.5	0.4	0.9	0.1	12.1	1042.2	64.0	3.2	40.8		4.4	45
Dauphin	8.0	3.3	12.3	5.0	1.4	1.1	0.1	23.5	2858.3	48.0	3.6	61.5		8.0	57
Delaware	6.3	2.8	3.5	2.5	0.9	1.1	0.1	22.1	2312.1	35.0	5.3		6.9	3.1	72
Elk	8.1	5.2	0.0	5.7	13.3	0.5	0.0	17.7	1798.4	93.0	13.1	44.4		2.4	70
Erie	7.7	3.2	16.7	4.0	3.3	0.8	0.1	21.6	1813.4	71.0	4.0	63.9		6.1	67
Fayette	8.4	4.0	33.3	1.6	3.8	0.4	0.1	22.7	1695.5	83.5	4.5	61.1		1.2	54

Forest	14.6	47.6	0.0	0.0	0.0	0.0	0.0	13.5	5570.3	76.0	27.4	33.3			
Franklin	5.2	2.4	7.4	2.0	10.3	0.6	0.0	16.4	1275.1	80.0	5.2	44.4		7.5	47
Fulton	5.8	3.7	0.0	6.0	6.9	0.2	0.0	12.5	1554.7	91.0	13.7	33.3			63
Greene	9.8	5.5	0.0	1.3	24.7	0.5	0.0	16.0	739.1	89.0	5.4	44.4		5.7	64
Huntingdon	7.4	2.6	0.0	1.6	11.1	0.4	0.0	12.1	1875.2	92.5	2.2	25.0		3.7	68
Indiana	6.6	3.0	13.0	1.9	2.4	0.6	0.0	15.9	1438.8	90.0	3.5	60.9		7.1	62
Jefferson	9.8	3.3	0.0	1.9	2.3	0.5	0.0	8.8	859.2	92.0	13.7	61.5		8.2	
Juniata	6.2	1.8	20.0	0.0	0.0	0.2	0.0	8.2	1082.4	90.0	4.1	60.0		3.9	66
Lackawanna	7.2	3.4	5.1	4.8	1.4	0.8	0.2	18.9	1373.1	74.0	4.3	69.5		11.8	54
Lancaster	5.6	2.6	2.0	2.0	1.7	0.7	0.1	15.6	1735.2	56.0	3.2	55.1		3.4	59
Lawrence	7.8	1.4	35.7	3.8	2.3	0.4	0.0	17.8	1285.7	77.0	3.4	57.1		2.9	65
Lebanon	5.5	3.1	0.0	3.4	1.4	0.6	0.0	16.4	2381.0	74.0	4.3	38.7		8.3	46
Lehigh	6.2	5.6	5.3	3.4	0.5	1.0	0.1	23.1	1765.8	54.0	2.5	46.1		28.9	50
Luzerne	8.2	3.2	4.8	3.8	1.9	0.8	0.0	21.1	1868.6	77.0	4.7	64.4		6.3	59
Lycoming	6.8	2.4	13.8	3.8	1.8	0.7	0.0	17.2	2477.0	80.0	5.2	51.7		5.9	62
McKean	7.7	5.5	0.0	5.1	0.0	0.5	0.0	15.3	2043.8	95.5	12.0	33.3		10.6	
Mercer	7.8	3.5	13.3	3.6	15.4	0.7	0.0	19.4	1670.8	85.5	4.4	63.3		5.3	72
Mifflin	9.2	2.1	16.7	2.7	4.3	0.5	0.0	16.0	2113.4	87.0	6.5	58.3		2.2	76
Monroe	4.1	3.2	3.0	1.4	0.0	0.4	0.0	21.6	1906.4	72.0	4.2	24.2		1.2	34
Montgomery	3.9	1.9	0.9	3.4	0.6	1.4	0.2	16.6	1670.8	50.0	4.3		4.6	2.9	50
Montour	6.0	2.7	0.0	42.5	0.0	4.5	0.3	13.5	896.0	84.0	5.5	75.0		6.4	
Northampton	5.1	3.4	7.4	3.5	0.7	0.8	0.0	17.0	1559.5	60.0	3.3	42.7		10.7	44
Northumberland	7.9	3.1	8.3	0.8	1.1	0.5	0.0	15.5	1989.7	79.5	7.6	66.7		7.9	53
Perry	5.7	2.4	10.0	0.0	2.2	0.3	0.0	11.6	1476.3	81.5	8.7	30.0		5.9	50
Philadelphia	15.8	13.1	1.6	4.9	4.2	0.7	0.1	41.5	2630.8	20.0	3.3		9.0	2.9	70
Pike	2.7	3.7	0.0	0.0	7.2	0.3	0.0	12.5	1029.8	65.5	5.4	33.3		2.3	63
Potter	12.3	12.9	20.0	4.7	0.0	0.4	0.0	12.4	1218.1	97.0	29.5	60.0		6.6	
Schuylkill	7.1	3.5	5.0	2.7	0.7	0.6	0.0	19.2	1994.4	87.0	10.5	57.5		10.7	57
Snyder	7.4	3.8	12.5	0.0	0.0	0.5	0.0	15.2	1500.1	87.5	7.4	50.0		9.2	50
Somerset	8.7	2.8	14.3	2.5	0.0	0.4	0.1	11.5	725.2	92.0	6.7	42.9		6.0	
Sullivan	13.5	5.1	50.0	0.0	0.0	0.0	0.0	9.4	3361.3	96.5	16.4	50.0			
Susquehanna	6.1	4.2	27.3	2.6	14.8	0.4	0.0	13.0	1025.2	94.0	12.1	36.4		6.6	60
Tioga	7.7	4.9	20.0	1.6	24.5	0.5	0.0	11.0	1406.4	96.0	14.6	30.0		5.7	52
Union	6.4	2.2	20.0	3.3	0.0	0.9	0.3	8.1	1130.0	73.5	6.6	50.0		5.2	37
Venango	7.6	4.1	12.5	2.4	2.0	0.6	0.0	12.9	1610.8	89.0	5.7	50.0		8.9	54
Warren	6.1	4.7	7.7	6.0	7.6	0.5	0.0	17.5	1888.2	92.0	12.5	46.2		16.7	
Washington	7.1	5.1	7.1	1.7	15.6	0.5	0.1	12.6	739.4	93.0	11.7	14.3		5.1	53
Wayne	6.1	2.9	12.0	2.2	1.1	0.8	0.1	14.5	1393.8	64.5	5.9	44.0		7.0	43
Westmoreland	7.9	6.1	0.0	1.6	7.4	0.5	0.0	13.5	1002.6	92.0	10.9	28.6		4.0	67
Wyoming	5.5	2.5	1.1	2.0	0.9	0.7	0.1	18.2	2749.9	54.0	2.9	31.1		5.4	
York	7.7	5.5	0.0	5.1	0.0	0.5	0.0	15.3	2043.8	95.5	12.0	33.3		6.2	51

COMMUNITY SPOTLIGHT
on Community Environment

Tioga Targeted Transportation
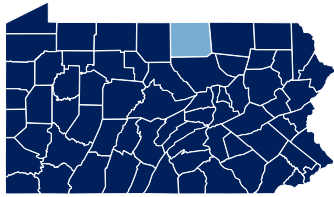
📍 TIOGA COUNTY, PA

Tioga Targeted Transportation, a program of Tioga County Partnership for Community Health (TCPCH), helps residents without personal transportation access a broad range of services including medical appointments, court dates, probation appointments, substance treatment programs, support groups and parental visitation. Rather than operating their own transportation company, the program connects existing transit services— such as school bus companies, mass transit, the county's lone taxi driver and volunteer drivers—to residents who need a lift. Tioga County Department of Human Services helps manage program eligibility requirements while a full-time transportation coordinator at TCPCH keeps the whole system running smoothly.

LEARN MORE

Executive Director: Sue Sticklin

Address: 33 Pearl St. Wellsboro, PA 16901

Website: http://tiogapartnership.org/

Phone Number: 570-723-0520

WHAT'S THE SIGNIFICANCE?

Car ownership is a near necessity for living in rural places where longer travel is needed to access goods and services. Car ownership, maintenance, and fuel are financial barriers to transportation for many families. When it comes to accessing health and welfare services, transportation concerns increase stress and affect decisions on accessing care. Providing transportation to medical services increases the likelihood of medical adherence and ensures people have access to medication, preventative appointments, prenatal care, behavioral and mental health care and other appointments. Supports that help people keep health appointments and access resources improve quality of life for residents.

TIOGA: COMMUNITY CONTEXT

Since 1993, the Tioga County Partnership for Community Health (TCPCH) has convened individuals and organizations from across the county to foster strong community relationships and address the physical, social, mental and environmental health needs of residents. Tioga is a very rural county with long distances between towns, a single fixed bus route and many residents without cars. It became increasingly apparent that residents had no means of transportation to access critical services. People were walking long distances, sometimes with children, on dangerous high-speed roads without sidewalks. Missing these appointments meant not receiving the care they needed. Additionally, many Tioga families were struggling to visit children in foster care. A shortage of foster care families in Tioga means children are living in neighboring counties and families must travel more than an hour several times a week to visit their children.

To address these needs, TCPCH organizes transportation for residents with numerous local

systems including the county commissioners, courts, child welfare services, drug and alcohol services, community and behavioral health and the health care system.

PROGRAM COMPONENTS

The program provides transportation for a diversity of health and family needs, including medical care, court appearances, substance use treatment and parental visitation. They transport non-custodial parents to and from supervised visitation and provide daily transportation to school for children in foster care, ensuring that they remain in their home school district. They also provide appropriate car seats.

Targeted Transportation has become a vital service for residents without vehicles who are in recovery and need to access methadone clinics daily. The County Drug Court relies on Targeted Transportation to provide transportation for people attending mandatory hearings, support groups and treatment.

They also provide traditional medical transportation like hospital discharge, pharmacy trips and rides to counties with dental clinics that accept medical assistance.

Targeted Transportation advertises its services through the organization's website and an online local resource directory. Partner organizations and government services also refer clients to the program directly.

FUNDING

A block grant through the Tioga County Department of Human Services funds this program. Although Tioga Targeted Transportation does not bill Medicaid for services directly, they often connect people to services that do. Additionally, local organizations donate money to cover expenses for rides that not qualify for reimbursement. For example, though Medicaid covers the cost of transportation to substance use treatment, they do not cover transportation if a child is in the car. Many residents do not have adequate child care, particularly for very young

children, when attending treatment. Targeted Transportation assists in transporting people attending treatment with their babies.

LESSONS LEARNED

Program leadership share numerous lessons for other communities grappling with transportation challenges across a large rural area:

- **Look for ways to improve existing systems:** Tioga Targeted Transportation coordinates existing services rather than creating their own. They bring together numerous modes of transportation and volunteers to match people's needs with an existing service. They also engaged the local transit authority to make simple changes to routes so that drug and alcohol treatment centers were accessible. Today, the bus line makes a direct stop at a substance use-counseling center.

- **Work together on what is best for the community:** The program emphasized that rural communities may not be resource-rich but can effectively meet community needs through local cooperation. Everyone benefits when organizations and governments work together to support the best interest of area residents.

- **Celebrate success:** Be public about your appreciation for the efforts of your partners, staff and local government. TCPCH celebrates successes through social media, monthly newsletters, the local newspaper and public celebrations. These celebrations help keep partner organizations and volunteers focused, energized and moving forward.

Domain 6: Child Care

Safe and quality child care is necessary to support the healthy social and emotional development of children. Rural communities face unique experiences and challenges to building and maintaining access to high-quality child care and publicly funded pre-K, and rely more heavily on home- and family-based care. Child care subsidies reduce disparities in access to quality child care.

Keystone STARS is Pennsylvania's quality rating system for early learning and child care in the state. Supported by OCDEL, and administered through locally implemented Early Learning Resource Centers (ELRC), Keystone STARS measures qualifications, classroom environment, curriculum, family engagement and business management. Learn more about Pennsylvania's quality rating system here.

TABLE 11: CHILD CARE INDICATORS

Indicator	Definition	Year	Data Source	Min.	Med.	Max.	U.S. Rates
Regulated child care	Number of regulated child care providers per 100 children residents under age 3	2018-2019	PA OCDEL	0.0	1.1	2.3	N/A
High-quality child care	Percent of regulated child care providers meeting high-quality standards (STAR 3 & 4)	2018-2019	PA OCDEL	0.0	25.0	68.3	N/A
Subsidized child care	Percent of children ages 0-5 eligible for Child Care Works (CCW) who were served by CCW	2018-2019	PA OCDEL	0.0	22.6	66.2	N/A
Publicly funded pre-K	Percent of children ages 3-4 below 300% FPL with access to publicly funded, high-quality pre-k	2018-2019	PA OCDEL	14.2	40.5	77.2	N/A
Quality of subsidized child care	Percent of children ages 0-5 receiving subsidized child care in Keystone STARS 3 or 4 facilities	2018-2019	PA OCDEL	0.0	42.0	81.8	N/A
PA Pre-K Counts (PKC)**	Number of children served by PKC	2018-2019	PA OCDEL	15	203	4791	1,565,239*
Head Start Supplemental Assistance Program (HSSAP)**	Number of children served by HSSAP	2018-2019	PA OCDEL	0	50	2315	676,178

*Pre-K participation as defined by the U.S. Department of Human Services, Administration for Children and Families

**PKC and HSSAP are not included in the calculation of domain composite need score.

Child Care Need

Level of need within this domain was determined by weighting individual county's need level for each indicator. Four counties had **elevated need** for four of the five indicators and two counties had **no elevated need** in this domain.

Over half of the counties in the state had at least one regulated child care provider per 100 children under age 3. Four counties had zero child care facilities that have yet received Keystone STARS 3 or 4 designations. In contrast, half to two-thirds of providers in other counties met this

designation. Pennsylvania rural communities had fewer quality child care slots per child available compared to their urban counterparts.

In 30 counties, at least 1 out of 4 children ages 0-5 who are eligible for subsidized child care were served by subsidized child care. The highest rates were in more urban counties in the southeast region. The lowest rates were in rural counties in the south and north central regions. In almost half of counties, the majority of children receiving subsidized childcare were in Keystone STARS 3 or 4 facilities.

FIGURE 6: CHILD CARE NEED MAP

Thirteen counties have an elevated need for services in the child care domain, while 21 counties fare without an elevated or moderate need in this area.

Low Need

Moderate Need
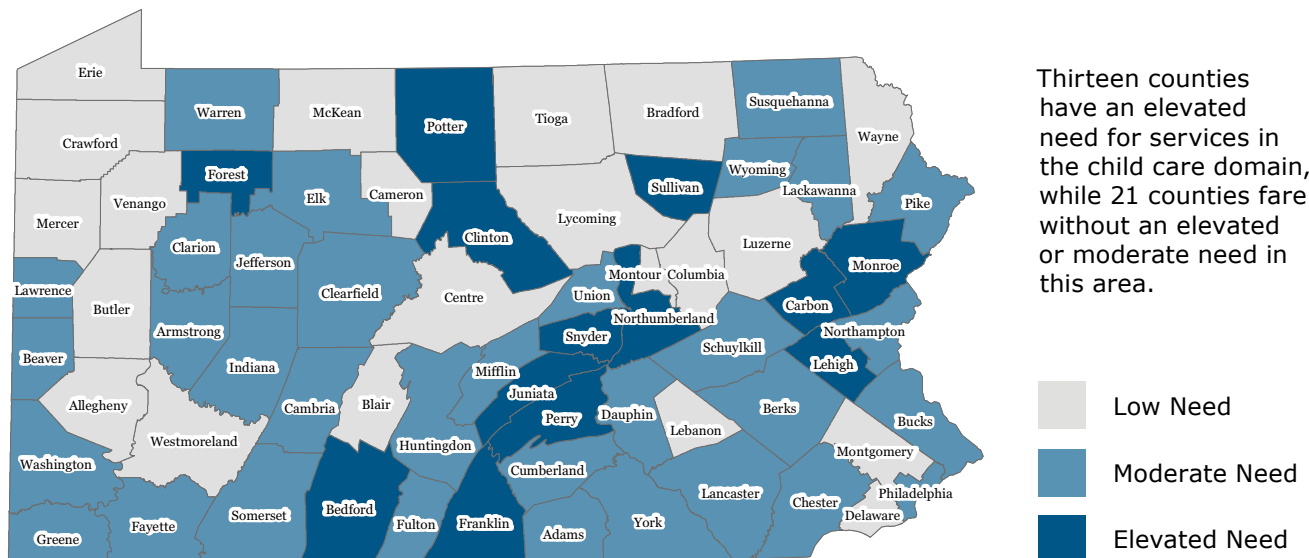
Elevated Need

Low Need	Moderate Need		Elevated Need
Allegheny	Adams	Indiana	Bedford
Blair	Armstrong	Jefferson	Carbon
Bradford	Beaver	Lackawanna	Clinton
Butler	Berks	Lancaster	Forest
Cameron	Bucks	Lawrence	Franklin
Centre	Cambria	Mifflin	Juniata
Columbia	Chester	Northampton	Lehigh
Crawford	Clarion	Philadelphia	Monroe
Delaware	Clearfield	Pike	Northumberland
Erie	Cumberland	Schuylkill	Perry
Lebanon	Dauphin	Somerset	Potter
Luzerne	Elk	Susquehanna	Snyder
Lycoming	Fayette	Union	Sullivan
McKean	Fulton	Warren	
Mercer	Greene	Washington	
Montgomery	Huntingdon	Wyoming	
Montour		York	
Tioga			
Venango			
Wayne			
Westmoreland			

TABLE 12: CHILD CARE INDICATORS BY COUNTY

Counties that fall in the highest-need quartile for each indicator are highlighted in red.

County	Regulated Child Care Providers Per 100 children residents under age 3	High-quality Child Care Percent of all regulated child care providers	Subsidized Child Care Percent of regulated child care providers meeting high-quality standards (STAR 3 & 4)	Publicly Funded Pre-K Access Percent of children ages 3–4 below 300% FPL	High-quality Subsidized Child Care Percent of children aged 0–5 receiving subsidized child care in Keystone STARS 3	PKC Number of children served	HSSAP Number of children served
Adams	1.2	15.7	22.5	29.8	57.1	94	0
Allegheny	1.3	20.2	51.9	52.7	30.3	1956	562
Armstrong	1.3	16.7	19.8	44.6	31.5	124	39
Beaver	0.9	23.4	32.7	50.5	28.3	320	36
Bedford	1.1	25.0	7.0	41.4	13.5	123	0
Berks	0.8	28.2	27.4	33.4	30.4	787	177
Blair	1.0	48.1	25.2	52.5	53.6	386	124
Bradford	1.0	44.8	21.0	72.1	65.7	387	59
Bucks	1.2	30.7	51.7	32.2	52.0	681	0
Butler	1.0	22.1	27.5	33.0	44.2	185	59
Cambria	1.4	20.8	31.9	44.6	28.9	289	33
Cameron	1.1	50.0	21.3	50.8	81.8	15	0
Carbon	1.1	11.1	14.9	29.5	8.4	187	Under 10
Centre	1.5	31.3	25.5	38.8	68.4	219	25
Chester	1.1	25.5	41.4	28.8	55.5	573	88
Clarion	1.0	12.5	13.8	59.0	32.5	166	17
Clearfield	1.6	16.7	19.2	56.5	33.3	147	139
Clinton	0.7	33.3	10.9	31.4	70.3	122	0
Columbia	1.1	22.2	22.7	37.5	47.0	38	76
Crawford	1.1	68.3	21.4	51.6	58.7	335	43
Cumberland	1.2	28.1	36.7	23.8	50.2	265	40
Dauphin	1.5	22.8	49.9	38.4	27.3	765	173
Delaware	1.3	21.9	64.4	36.1	32.2	752	146
Elk	1.5	17.6	9.5	34.7	29.2	70	27
Erie	1.3	33.1	44.7	50.4	45.0	956	126
Fayette	0.8	30.2	25.0	46.0	34.3	321	91
Forest	0.0	0.0	0.0	32.3		20	0
Franklin	1.1	6.3	14.8	29.2	17.0	390	39
Fulton	0.7	50.0	4.5	64.6	34.5	35	0
Greene	1.2	10.5	22.2	45.7	4.7	97	Under 10
Huntingdon	1.3	22.7	12.8	44.7	54.4	93	66

Indiana	0.9	31.0	19.0	49.5	66.3	318	50
Jefferson	0.9	11.1	15.5	40.8	31.8	133	38
Juniata	0.4	25.0	5.4	31.7	53.6	46	32
Lackawanna	0.9	32.5	37.1	56.4	46.7	299	308
Lancaster	0.8	35.1	30.1	26.1	45.0	967	116
Lawrence	0.7	52.0	33.5	76.8	56.1	323	175
Lebanon	1.3	25.3	20.1	34.9	40.0	217	165
Lehigh	1.6	25.3	46.5	26.0	25.9	778	112
Luzerne	1.0	22.2	31.2	38.0	38.3	846	209
Lycoming	1.3	39.7	30.8	36.8	47.4	237	141
McKean	1.0	25.0	17.3	62.4	42.2	170	0
Mercer	1.1	36.7	23.8	36.2	49.3	136	106
Mifflin	0.7	40.0	15.4	35.2	73.9	118	23
Monroe	1.1	24.6	47.4	29.3	28.1	271	87
Montgomery	1.2	32.0	51.7	33.2	55.2	704	0
Montour	1.1	55.6	49.4	77.2	48.7	57	0
Northampton	1.2	32.1	40.1	32.2	35.2	559	97
Northumberland	1.2	13.6	18.0	23.5	15.6	155	93
Perry	0.9	10.0	10.8	14.2	15.5	45	0
Philadelphia	2.1	18.3	66.2	70.7	28.1	4791	2315
Pike	0.9	25.0	16.2	31.1	41.8	93	90
Potter	1.0	0.0	10.6	58.7	0.0	50	0
Schuylkill	1.1	13.1	18.4	40.5	22.3	300	46
Snyder	1.0	15.8	15.0	26.2	22.9	105	0
Somerset	1.1	0.0	15.3	40.6	0.0	169	18
Sullivan	2.3	0.0	12.5	57.7	0.0	15	27
Susquehanna	1.3	27.8	13.2	45.3	47.2	110	78
Tioga	1.8	43.3	29.0	70.7	55.1	211	77
Union	0.8	33.3	14.0	35.3	73.2	65	0
Venango	1.2	45.8	29.5	65.0	81.7	203	0
Warren	1.0	18.8	13.3	46.0	37.2	32	0
Washington	0.9	36.6	34.3	45.1	54.3	338	99
Wayne	1.7	32.1	23.6	52.0	60.7	72	86
Westmoreland	1.0	27.2	27.0	37.9	51.3	690	279
Wyoming	0.5	20.0	8.0	40.7	42.3	62	0
York	1.08	0.22	0.28	0.23	0.40	557	126

COMMUNITY SPOTLIGHT
on Innovations in Child Care

Grandparents Raising Grandchildren Support Group
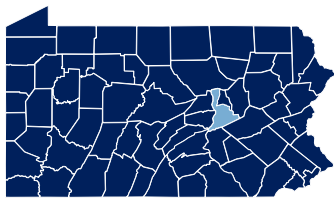
NORTHUMBERLAND, PA

Northumberland County's Department of Children and Youth and the Agency on Aging demonstrate the power of working together to address intergenerational family needs. Their joint program, Grandparents and Older Adults Supporting Grandchildren, includes a support group and reimbursement program for grandparents raising grandchildren. The reimbursement program helps offset costs related to school supplies, clothing, extracurricular activities, diapers and other supplies required to raise children. The support group offers an outlet for sharing the joys and frustrations of parenting at an older age. In a predominately rural and aging community, these Northumberland County Departments have found a creative way to partner in supporting the rising number of custodial grandparents in their community.

WHAT'S THE CONNECTION?

Changes in economic and social context of families and communities, including the impacts of the substance use disorder crisis, have resulted in an increased number of grandparents serving as primary caregivers. Grandparental caregivers assume these responsibilities during a time of their own age-related changes in health, functioning and economic statuses—and often experience high levels of stress during and after a transition to primary caretaker.

NORTHUMBERLAND: COMMUNITY CONTEXT

Though kinship care has always been present, Northumberland County staff members in the Agency on Aging and Department of Children and Youth recognized an increasing number of grandparents and older adults with responsibility for raising grandchildren or extended family members. As the opioid crisis continued, incarceration rates rose and more parents were seeking help from substance use treatment programs, leaving an increasing number of grandparents to take on new caregiving responsibilities. Many grandparents were experiencing financial challenges, and some were not ready to raise children in a new era of parenting. Grandparents had few resources to turn to for information on recovery programs, behavioral health services and early intervention programs—services that may not have been available when their own children were younger.

Staff across the two departments understood that many of their case managers had overlapping client lists, and there was a tremendous need for intergenerational family support.

In May of 2018, with permission from their county commissioner, representatives from each department joined forces to create a shared support group targeting grandparents. Today, the group meets on the third Thursday of each month to view presentations from local organizations, share challenges and offer encouragement.

The program's creation has led to a strengthened relationship between the two county agencies. Staff communicate frequently to identify families in situations where both grandchild and grandparent could benefit from increased supports.

COMPONENTS

The Grandparents Supporting Grandchildren Support Group participants dictate the content of the group. Staff from the Departments of Children and Youth and the Office of Aging provide facilitation and invite presenters at the request of support group participants. Invited speakers have included representatives from the Departments of Human Services, juvenile probation staff, behavioral health professionals and staff from the local United Way. Additional topics included birthright knowledge and issues of guardianship. On-site child care is provided during all sessions.

Grandparent attendees have found that while the group seemed intimidating at first, they have much in common with other participants.

Attending every month has become a source of information as well as reassurance that they are not alone. This holds true especially for families lacking a strong family support system nearby.

FUNDING

The support group remains a low-cost program. All speakers agree to present without a speaker fee. Meetings are held at the Sunbury Adult Community Center, a facility already a part of the infrastructure of the Agency on Aging and, therefore, free to use.

Any copying or supplies are provided by the community center. The Departments of Children and Youth and the Agency on Aging provide facilitation. Any additional costs are covered by the Agency on Aging.

RECRUITMENT

To attract attendees, the support group relies on peer-to-peer recruitment as well as extensive grassroots advertising. Participants often share their experiences with friends, extended family members, neighbors and church members. Program staff have also blanketed the county with flyers, published advertisements in the local newspaper, posted on local event calendars and participated in local radio shows. Hospitals, doctor's offices and county departments make referrals to the program as well. All case managers across both agencies share information

with clients about the program.

LESSONS LEARNED

Though the program is still fairly new, program leadership shared some lessons for other small communities looking to support custodial grandparents.

- **It can be difficult to attract attendees in an area where residents are typically private about family matters.** Attendees that choose to participate are those that are typically ready to share their experiences; even so, attendance can be a big step forward. Maintaining confidentially and protecting privacy are requirements for a program geared towards participants who may not have previous experience participating in support groups or receiving public assistance.

- **Employ peer-to-peer recruitment strategies.** Though the program has utilized numerous advertising and referral processes, they acknowledge that personal invitations from friends, neighbors or congregation members may be the best way to attract new participants to their programs.

- **For grandparents not yet ready to attend a support group, offering information through other venues can be equally helpful.** For example, the agencies hosted a joint Grandparents Raising Grandchildren Health Fair that assisted families in obtaining information through other formats.

LEARN MORE

Northumberland County Area Agency on Aging Caregiver Support Program Supervisor: Olivia Sims

Address: 322 N 2nd St., Sunbury, PA 17801

Website: http://www.ncaging.org/

Phone: 570-495-2395

ADDITIONAL INFORMATION

The 2020 Statewide Family Support Needs Assessment is a requirement of continued funding for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. MIECHV supports voluntary, evidence-based home visiting services for at-risk pregnant women and parents with young children up to kindergarten entry. The MIECHV Program is administered by the Health Resources and Service Administration in partnership with the Administration for Children and Families. The Needs Assessment is conducted the Pennsylvania Office of Child Development and Early Learning in partnership with PolicyLab at Children's Hospital of Philadelphia.

FIGURE 7: OVERALL NEED
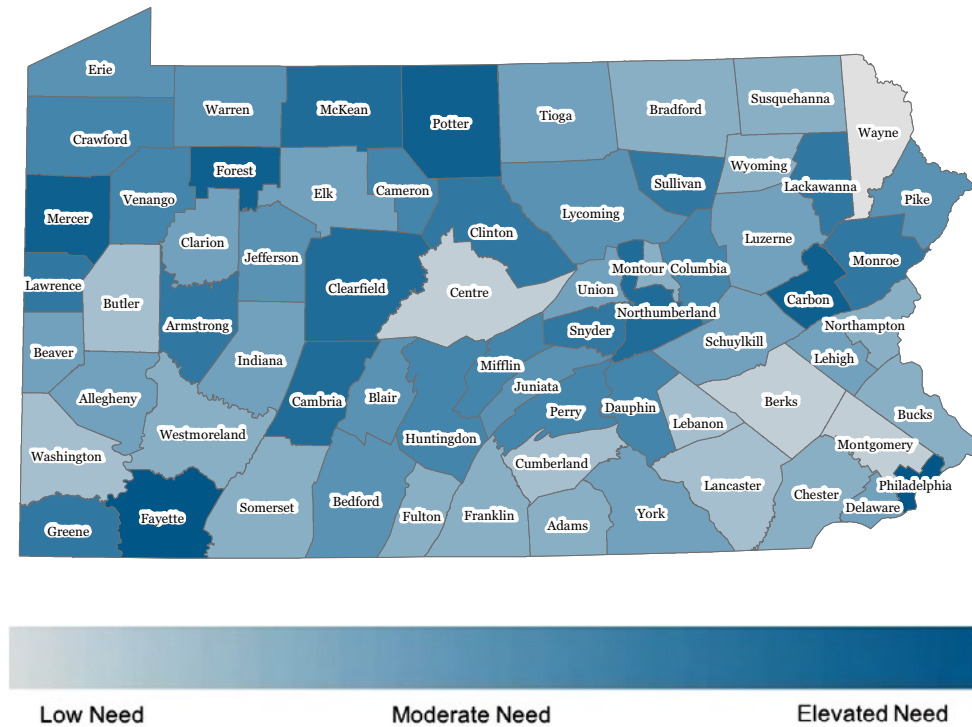
The analysis of county need found that one-third of Pennsylvanian counties (23) did not meet the elevated need threshold for any of the six domains.

Low Need   Moderate Need   Elevated Need

In addition to mapping each domain, the overall need score summarizing all domains was mapped statewide. Creation of the overall need score is described in detail (pg. 9), and shows a wider range of need, from lower to elevated need across the state. Of the 44 counties reaching elevated need status in at least one domain, 15 met elevated need thresholds in three or more domains. Of these 15 counties with high concentrations of need, 10 were distributed across the northern region (4 northwest, 3 north central and 3 northeast) and 5 were in the southern region (4 southwest, 1 southeast).

Sub-County Analyses

In a state as large and diverse as Pennsylvania, a county-level analysis may not be sufficient for revealing local-level variation in need. To employ a more fine-grained approach to understanding the strengths and opportunities within counties, we included a sub-county analysis of some indicators included in the needs assessment.

Twelve data points from the assessment were available at the zip code level:

- **Poverty Rate for Children under 5**
- **Recipient of SNAP or SSI**
- **Low Birth Weight Births**
- **Preterm Births**
- **Smoking During Pregnancy**
- **Receiving Late Prenatal Care**
- **Mothers Without a High School Diploma**
- **Maternal Depression**
- **Opioid Use Disorder**
- **Substance Use Disorder**
- **Intimate Partner Violence**
- **On-time Well-infant Visits**

Selection of the 12 counties highlighted in the sub-county analysis was done in partnership with leadership from the Office of Child Development and Early Learning (OCDEL). We used an empirical approach to identify counties with significant regional heterogeneity: using the indicator "Poverty Rate for Children Under 5," we calculated the percentage of zip codes within each county that fall into the "low" and "elevated" need categories. We selected a list of counties with more than 20% of zip codes in the elevated need category and more than 20% of zip codes in the low need category. Counties for inclusion were determined by OCDEL using the heterogeneity assessment and agency knowledge and priorities on regions of interest.

Maps present quartiles of need at the zip code level. Reference levels for quartiles are generated based on state means. For interpretation, a zip code labeled as low need can be interpreted as falling below the 25th percentile of need per the statewide distribution.

Date were suppressed when we did not have sufficient sample size within the zip code to generate a reliable estimate. For example, for the indicator "Intimate Partner Violence," we included Medicaid-enrolled pregnant women or women who had a live birth from 2014-2016 as our study population, and if there were less than 10 mothers included in a zip code, the data were suppressed.

Sub-County Analysis:
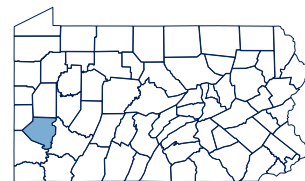
Allegheny

Allegheny County displays significant differences in risk across all indicators, pointing to a higher level of need for residents of Pittsburgh and residents in the north eastern part of the county. Allegheny County does well compared to the rest of the state in some indicators: mothers without a high school diploma and smoking during pregnancy.

POVERTY RATE FOR CHILDREN UNDER 5
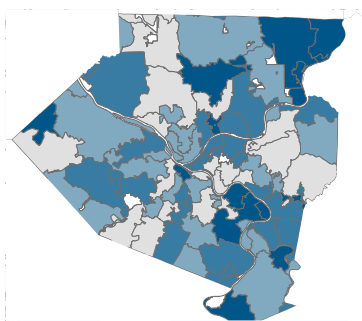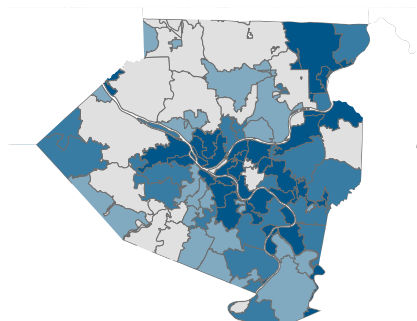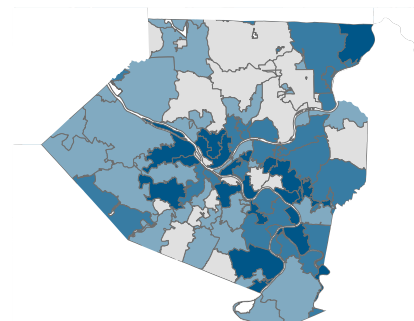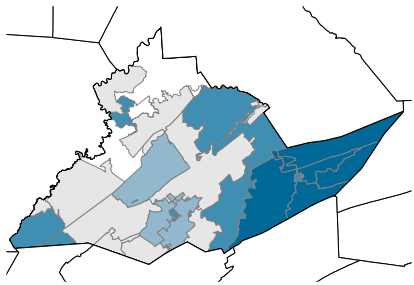
RECIPIENT OF SNAP OR SSI
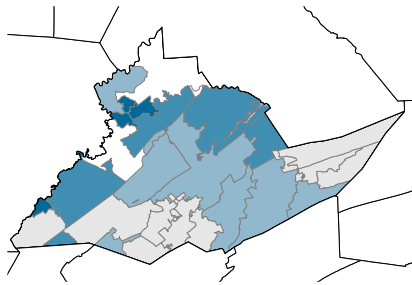
LOW BIRTH WEIGHT

PRETERM BIRTH RATE
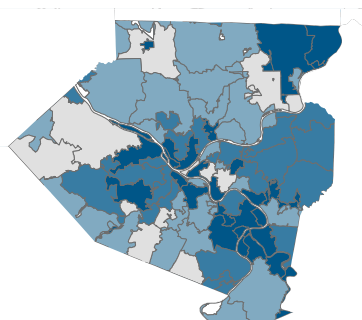
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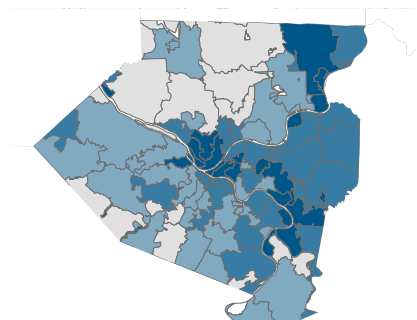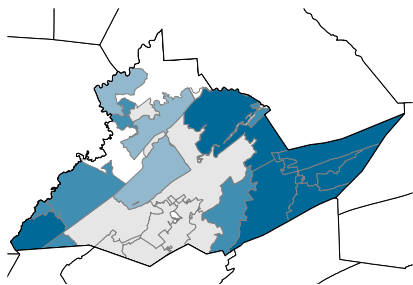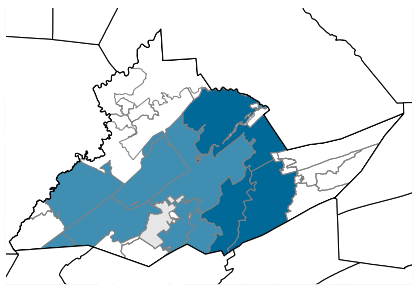
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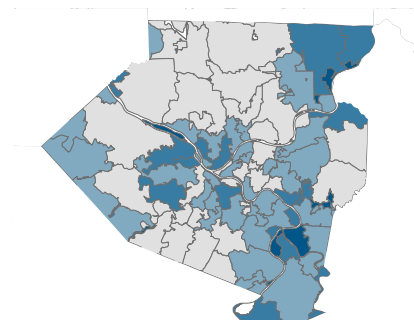
Low Need   Below Median Need   Above Median Need   Elevated Need   Suppressed Data

Sub-County Analysis: **Allegheny**

MOTHERS WITHOUT A HIGH SCHOOL DIPLOMA
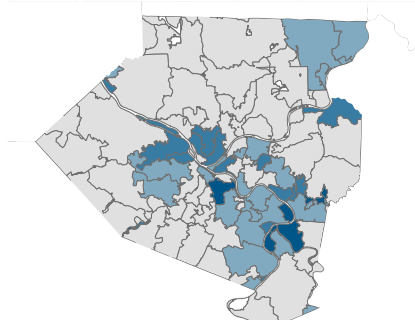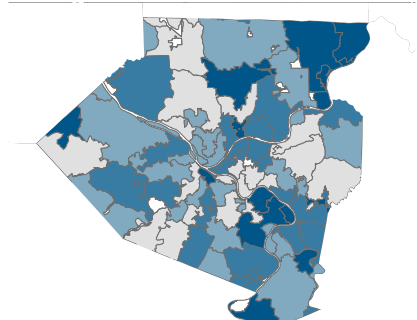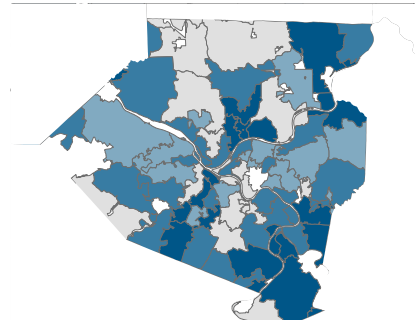
MATERNAL DEPRESSION

OPIOID USE DISORDER

INTIMATE PARTNER VIOLENCE
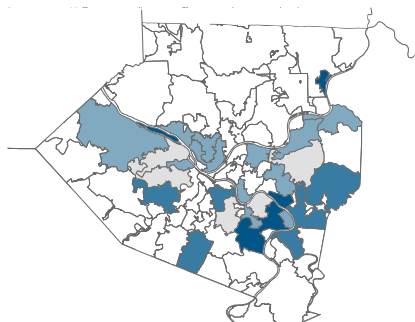
SUBSTANCE USE DISORDER
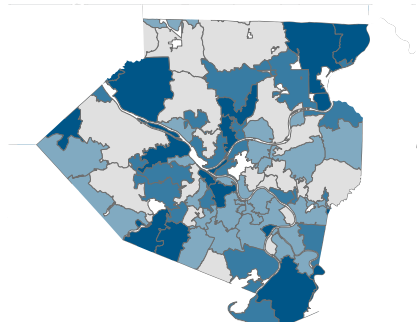
ON-TIME WELL-INFANT VISITS
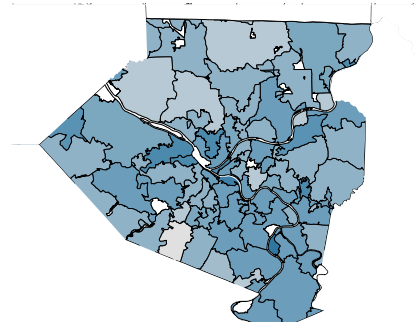
☐ Low Need   ☐ Below Median Need   ☐ Above Median Need   ☐ Elevated Need   ☐ Suppressed Data

Sub-County Analysis:
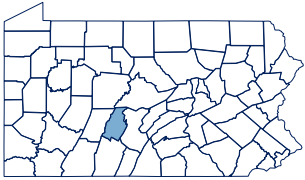
Blair

While residents of many of zip codes in Blair County experience better outcomes than statewide data, there are some pockets of higher need particularly related to maternal depression and opioid use disorder. Blair County has significant variation across indicators, with no one zip code consistently experiencing higher levels of need across all indicators.

POVERTY RATE FOR CHILDREN UNDER 5
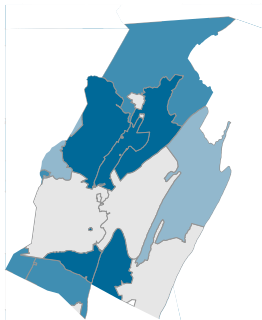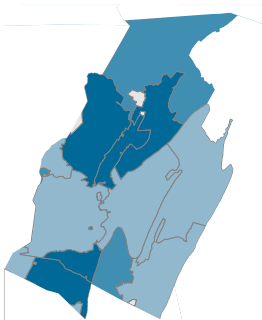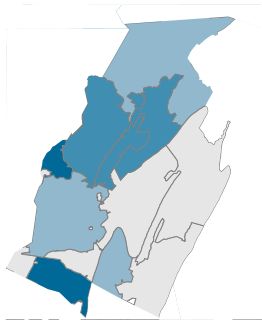
RECIPIENT OF SNAP OR SSI

LOW BIRTH WEIGHT

PRETERM BIRTH RATE
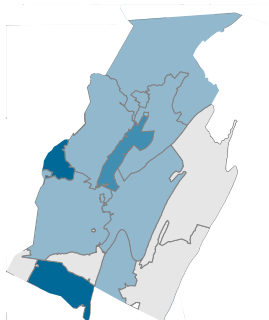
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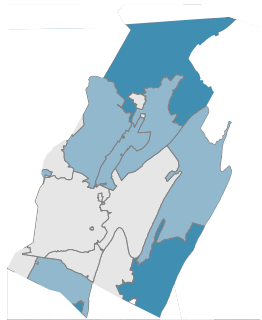
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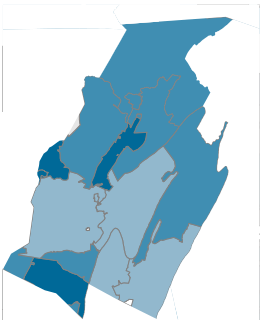
Low Need Below Median Need Above Median Need Elevated Need Suppressed Data
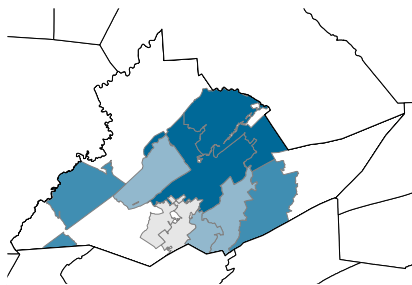
Sub-County Analysis: **Blair**
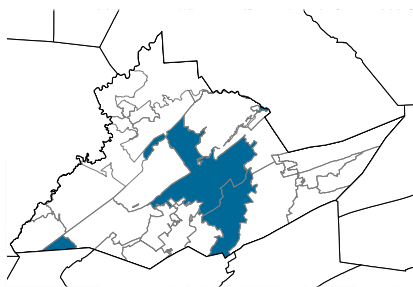
MOTHERS WITHOUT A HIGH SCHOOL DIPLOMA
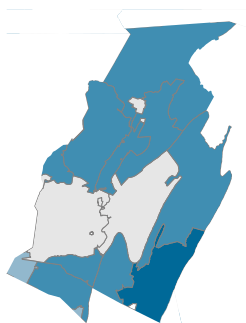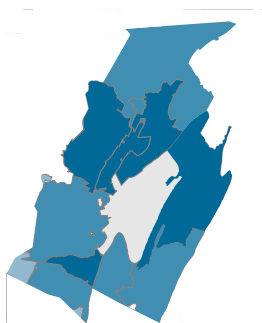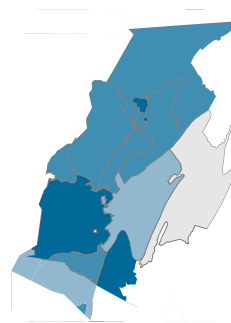
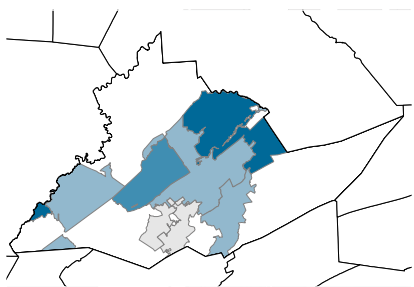### MATERNAL DEPRESSION

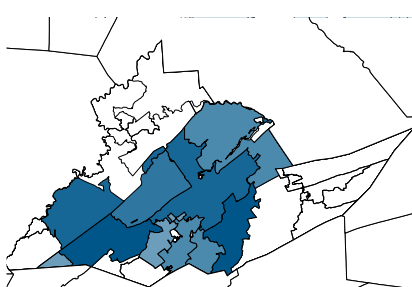### OPIOID USE DISORDER

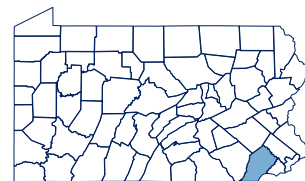### INTIMATE PARTNER VIOLENCE
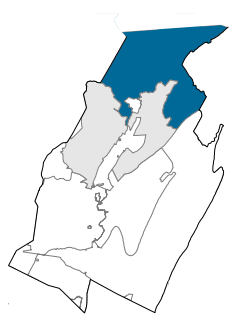
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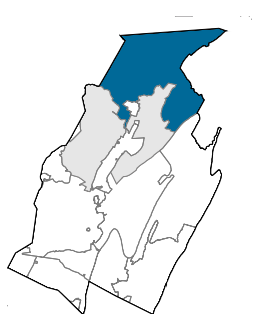
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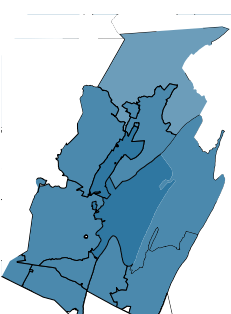
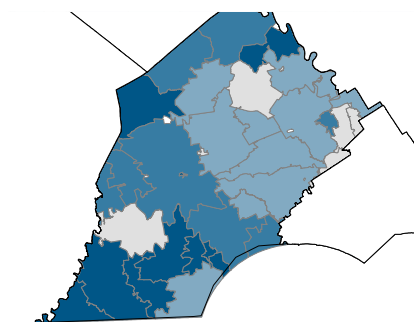Low Need   Below Median Need   Above Median Need   Elevated Need   Suppressed Data

Sub-County Analysis:
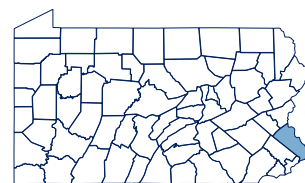
Bucks

Residents of Bucks County, bordering Philadelphia, experience less needs related to smoking during pregnancy, receiving late prenatal care and graduating from high school. However, pockets of poverty in the northwestern part of the county remain.

POVERTY RATE FOR CHILDREN UNDER 5
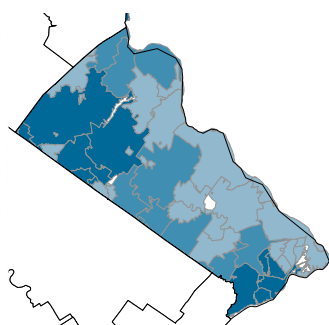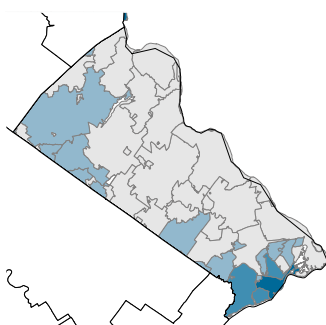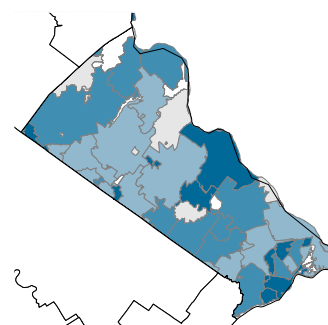
RECIPIENT OF SNAP OR SSI

LOW BIRTH WEIGHT

PRETERM BIRTH RATE
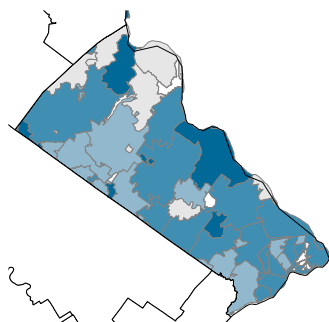
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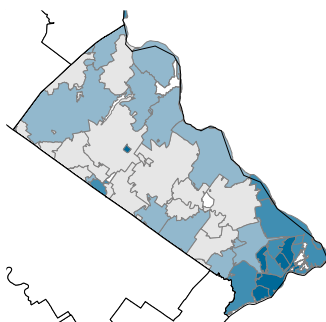
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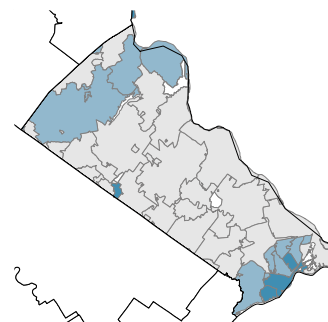
Low Need   Below Median Need   Above Median Need   Elevated Need   Suppressed Data

Sub-County Analysis: **Bucks**

MOTHERS WITHOUT A HIGH SCHOOL DIPLOMA
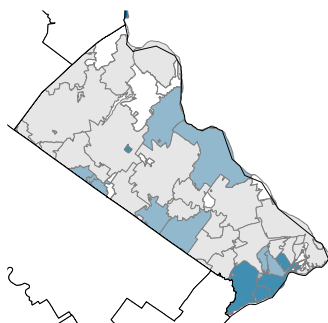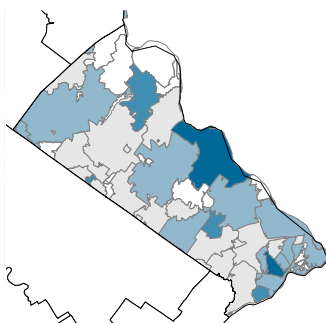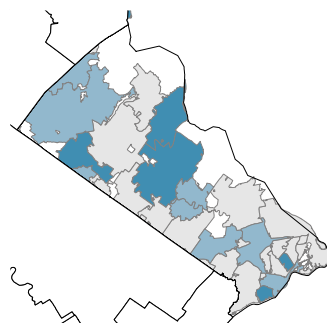
MATERNAL DEPRESSION

OPIOID USE DISORDER

INTIMATE PARTNER VIOLENCE
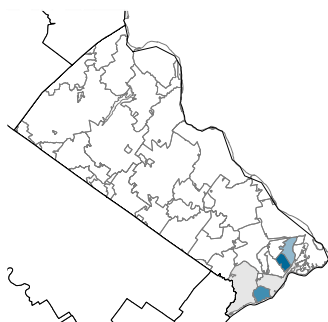
SUBSTANCE USE DISORDER
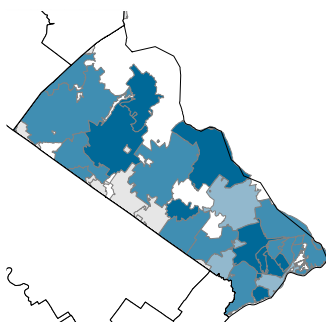
ON-TIME WELL-INFANT VISITS
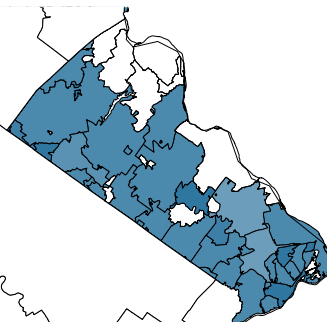
▢ Low Need   ▢ Below Median Need   ▢ Above Median Need   ▢ Elevated Need   ▢ Suppressed Data
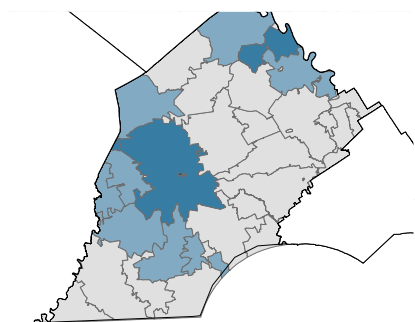
Sub-County Analysis:
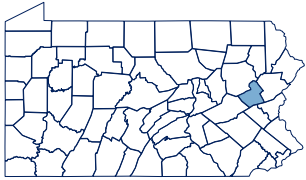
Carbon

In nearly all indicators, Carbon County residents face higher needs than residents statewide. Through pockets of the county do well in rates of low birth weight births and preterm births, other sections do poorly in the same indicator.
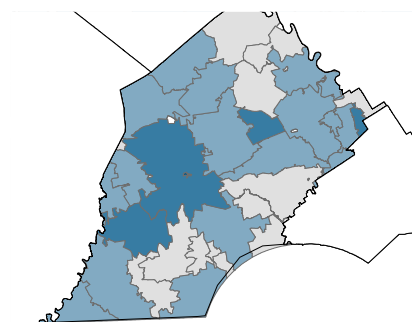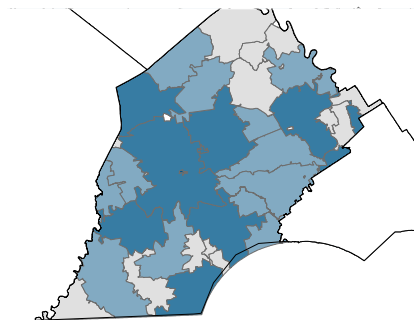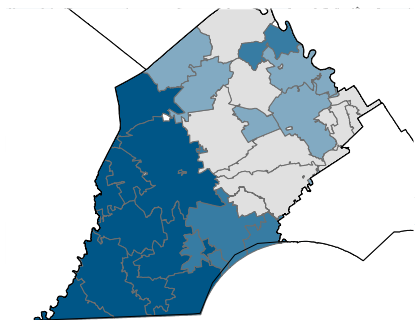
POVERTY RATE FOR CHILDREN UNDER 5
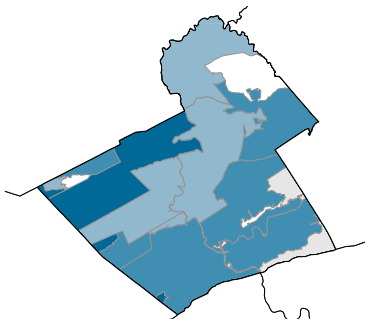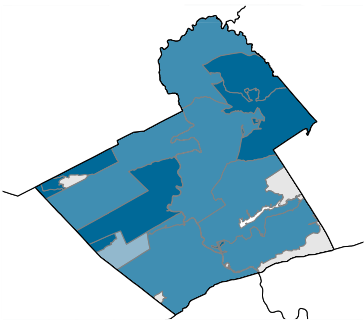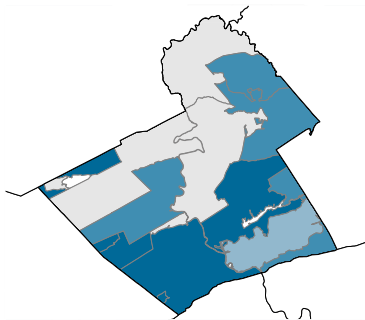
RECIPIENT OF SNAP OR SSI

LOW BIRTH WEIGHT

PRETERM BIRTH RATE
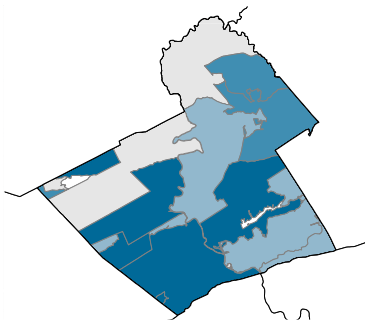
RECEIVING LATE PRENATAL CARE
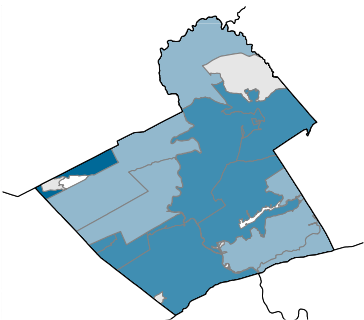
SMOKING DURING PREGNANCY
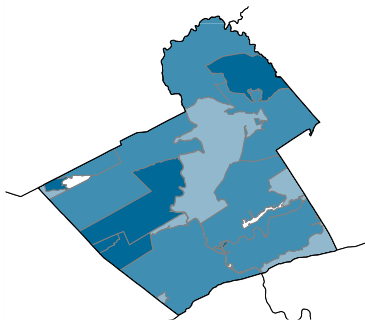
Low Need ■ Below Median Need ■ Above Median Need ■ Elevated Need ☐ Suppressed Data

Sub-County Analysis: **Carbon**

MOTHERS WITHOUT A HIGH SCHOOL DIPLOMA
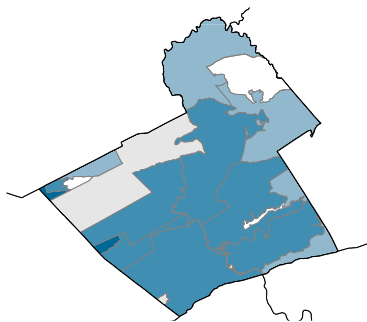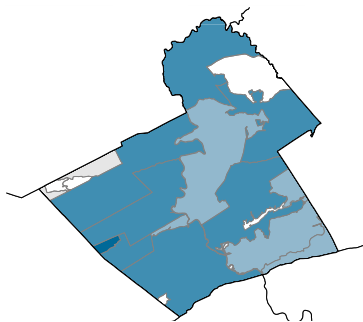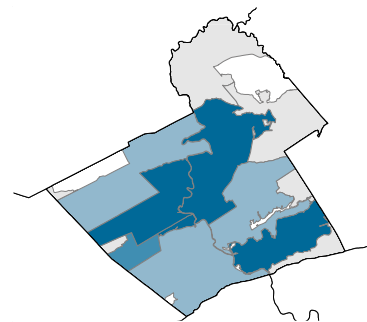
MATERNAL DEPRESSION

OPIOID USE DISORDER

INTIMATE PARTNER VIOLENCE
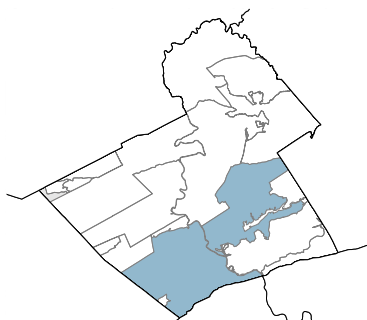
SUBSTANCE USE DISORDER
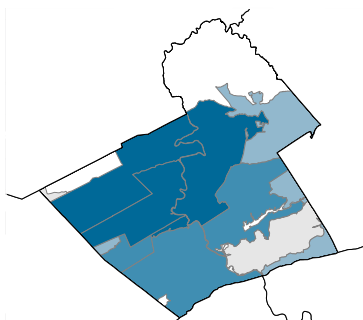
ON-TIME WELL-INFANT VISITS
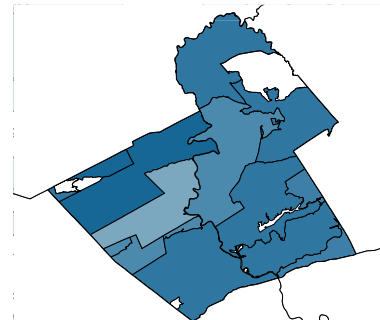
☐ Low Need   ◼ Below Median Need   ◼ Above Median Need   ◼ Elevated Need   ☐ Suppressed Data

Sub-County Analysis:
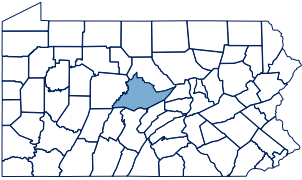
Centre

Centre County has significant variation in need across the county for several indicators including completing a high school diploma, poverty rate for children, receiving late prenatal care, and low birth weight and preterm births.

POVERTY RATE FOR CHILDREN UNDER 5
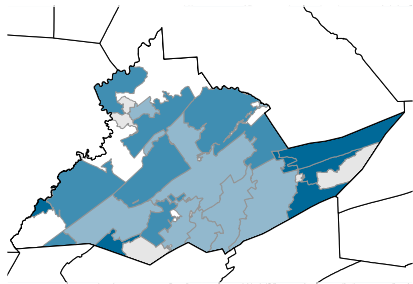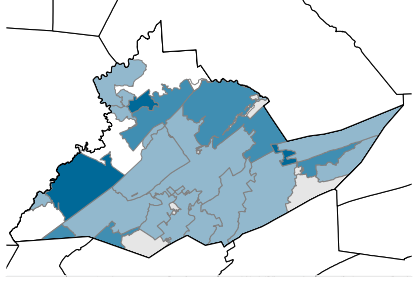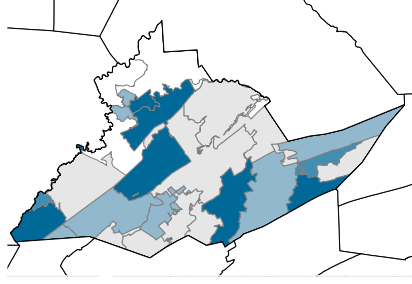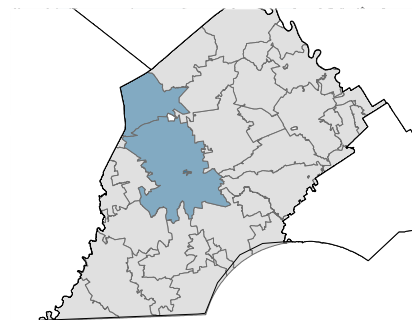

RECIPIENT OF SNAP OR SSI
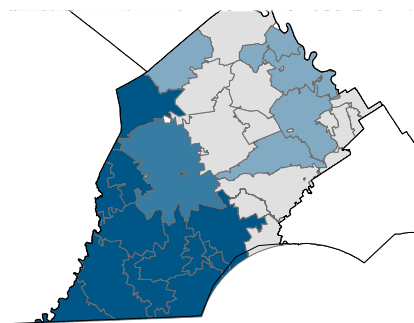

LOW BIRTH WEIGHT

PRETERM BIRTH RATE
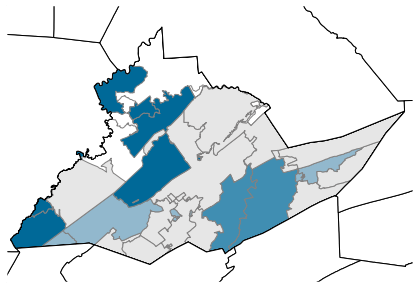
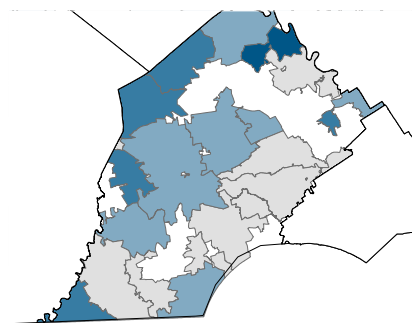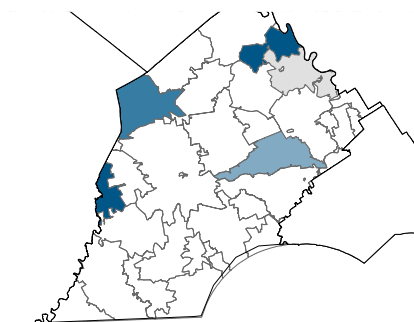## RECEIVING LATE PRENATAL CARE

SMOKING DURING PREGNANCY

Low Need   Below Median Need   Above Median Need   Elevated Need   Suppressed Data

Sub-County Analysis: **Centre**

MOTHERS WITHOUT A HIGH SCHOOL DIPLOMA

MATERNAL DEPRESSION

OPIOID USE DISORDER

INTIMATE PARTNER VIOLENCE

SUBSTANCE USE DISORDER

ON-TIME WELL-INFANT VISITS

Low Need   Below Median Need   Above Median Need   Elevated Need   Suppressed Data

Sub-County Analysis:

Chester

Though Chester County fares well in many indicators, residents of the southern part of the county experience higher poverty, later prenatal care, higher opioid use disorder and lower rates of high school graduation. While the northern part of the county experiences less need, pockets of higher need for opioid use disorder, intimate partner violence and poverty remain.

POVERTY RATE FOR CHILDREN UNDER 5

RECIPIENT OF SNAP OR SSI

LOW BIRTH WEIGHT

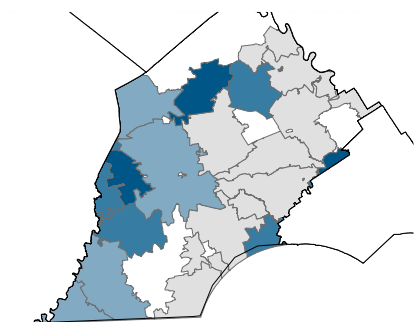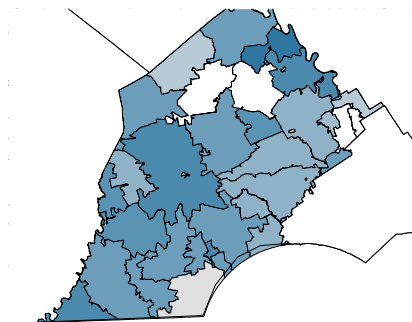## PRETERM BIRTH RATE

RECEIVING LATE PRENATAL CARE
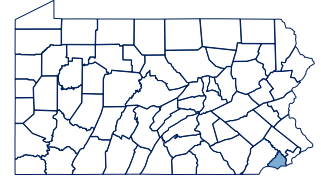

SMOKING DURING PREGNANCY

◻ Low Need ◼ Below Median Need ◼ Above Median Need ◼ Elevated Need ◻ Suppressed Data

Sub-County Analysis: **Chester**

MOTHERS WITHOUT A HIGH SCHOOL DIPLOMA
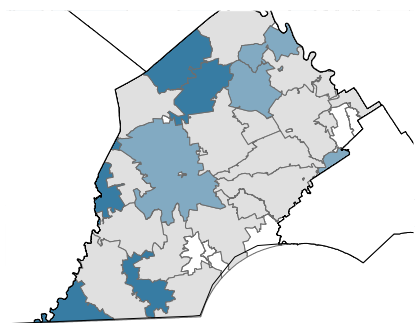
MATERNAL DEPRESSION

OPIOID USE DISORDER

INTIMATE PARTNER VIOLENCE

SUBSTANCE USE DISORDER

ON-TIME WELL-INFANT VISITS

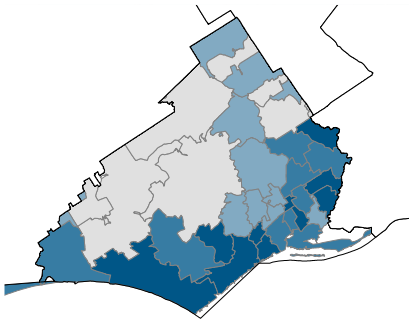Low Need   Below Median Need   Above Median Need   Elevated Need   Suppressed Data
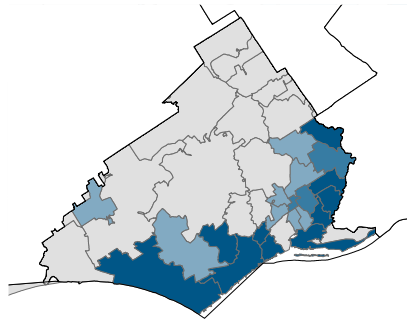
Sub-County Analysis:

Delaware

Delaware County, bordering Philadelphia, experiences higher needs in several domains in the southern and eastern part of the county, particularly related to preterm and low birth weight births, poverty rates and receiving late prenatal care. Large parts of the county experience significant need in opioid use disorder and substance use disorder.

POVERTY RATE FOR CHILDREN UNDER 5
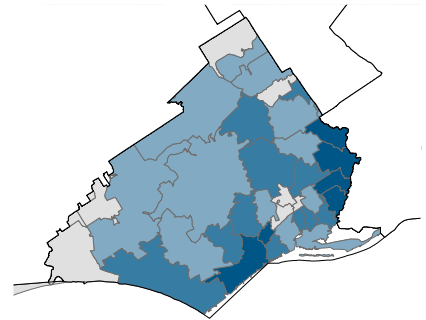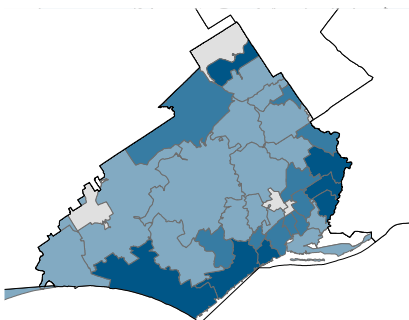
RECIPIENT OF SNAP OR SSI

LOW BIRTH WEIGHT

PRETERM BIRTH RATE

RECEIVING LATE PRENATAL CARE

SMOKING DURING PREGNANCY

☐ Low Need ☐ Below Median Need ☐ Above Median Need ☐ Elevated Need ☐ Suppressed Data

Sub-County Analysis: **Delaware**

MOTHERS WITHOUT A HIGH SCHOOL DIPLOMA

MATERNAL DEPRESSION

OPIOID USE DISORDER

INTIMATE PARTNER VIOLENCE
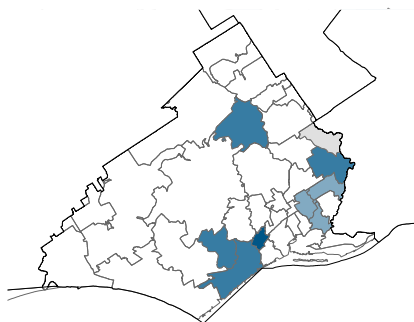
SUBSTANCE USE DISORDER
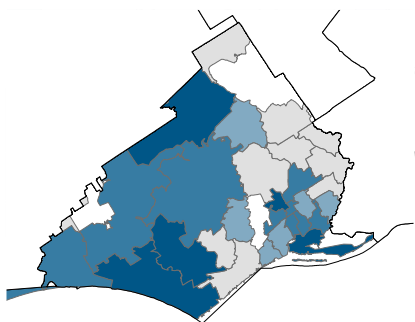
ON-TIME WELL-INFANT VISITS
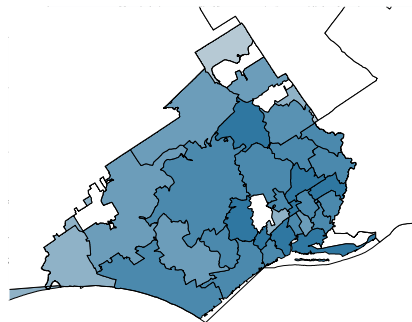
Low Need   Below Median Need   Above Median Need   Elevated Need   Suppressed Data

Sub-County Analysis:
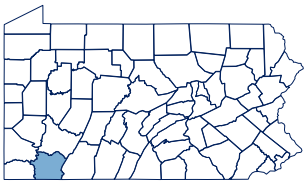
Fayette

Fayette County experiences significantly higher need than the rest of the state for several indicators, including lack of high school diplomas, economic challenges, preterm and low birth weight births, and smoking during pregnancy. There is heterogeneity within the county for several indicators, with the northeastern part of the county faring better generally that the rest of the county.

POVERTY RATE FOR CHILDREN UNDER 5

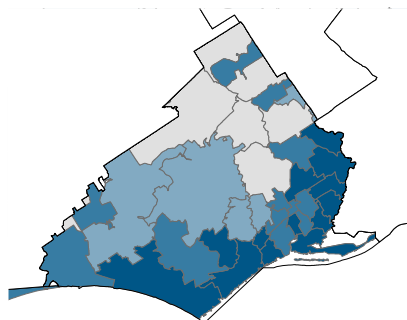### RECIPIENT OF SNAP OR SSI

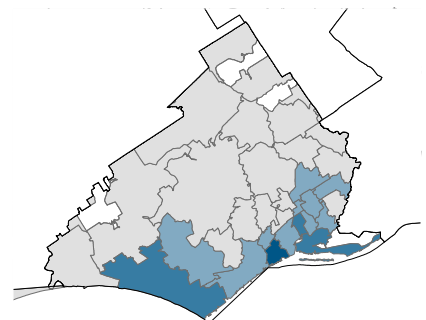### LOW BIRTH WEIGHT

PRETERM BIRTH RATE
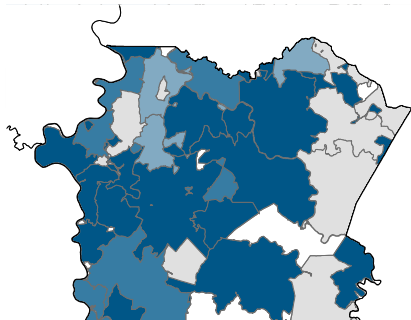
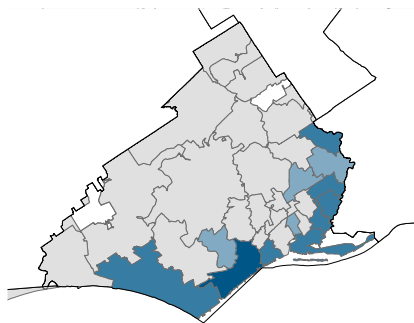### RECEIVING LATE PRENATAL CARE
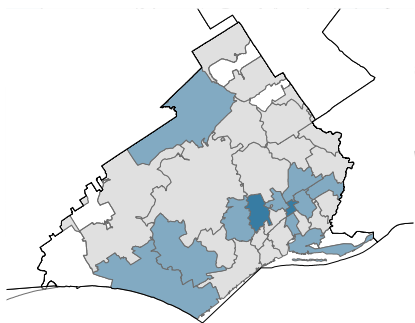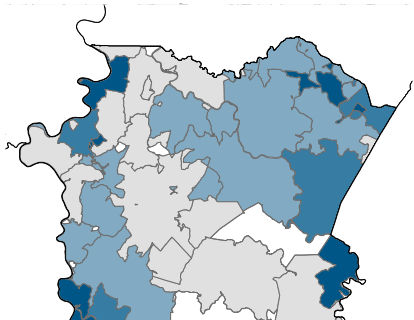

SMOKING DURING PREGNANCY

Low Need   Below Median Need   Above Median Need   Elevated Need   Suppressed Data
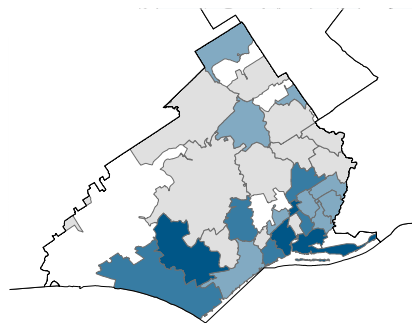
Sub-County Analysis: **Fayette**

## MOTHERS WITHOUT A HIGH SCHOOL DIPLOMA
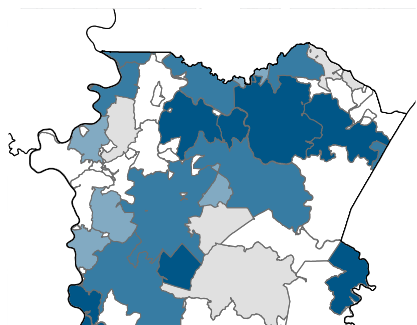
MATERNAL DEPRESSION

OPIOID USE DISORDER

INTIMATE PARTNER VIOLENCE

SUBSTANCE USE DISORDER

ON-TIME WELL-INFANT VISITS

■ Low Need   ■ Below Median Need   ■ Above Median Need   ■ Elevated Need   ☐ Suppressed Data

Sub-County Analysis:

Monroe

Monroe County residents experience a range of needs as some of the southern parts of the county do well in indicators related to economic challenges while western parts of the county experience more needs related to preterm and low birth weight births, receiving late prenatal care and substance use disorder.
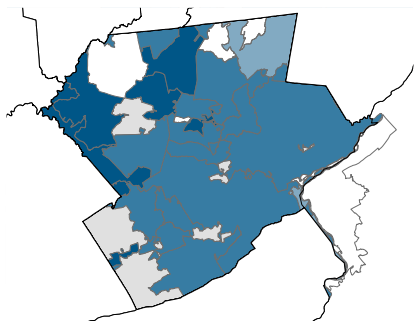
POVERTY RATE FOR CHILDREN UNDER 5

RECIPIENT OF SNAP OR SSI

LOW BIRTH WEIGHT
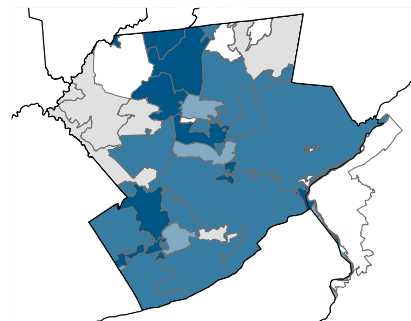
PRETERM BIRTH RATE
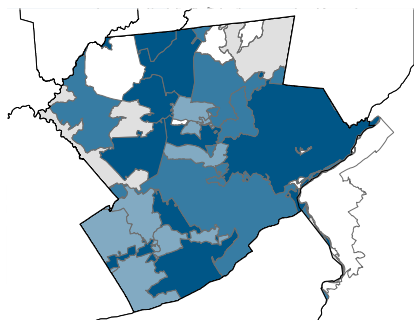
RECEIVING LATE PRENATAL CARE
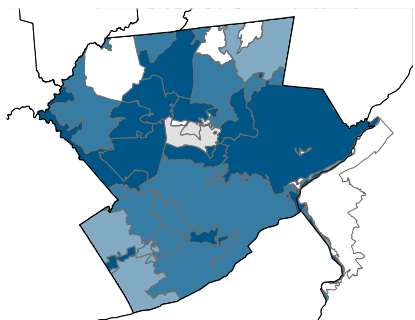
SMOKING DURING PREGNANCY
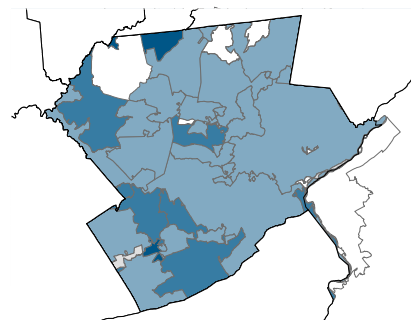
Low Need ▪ Below Median Need ▪ Above Median Need ▪ Elevated Need ☐ Suppressed Data

Sub-County Analysis: **Monroe**

MOTHERS WITHOUT A HIGH SCHOOL DIPLOMA
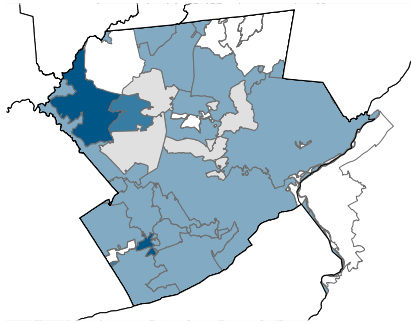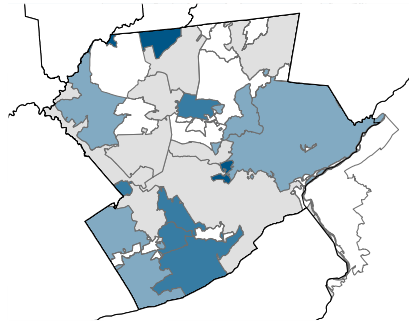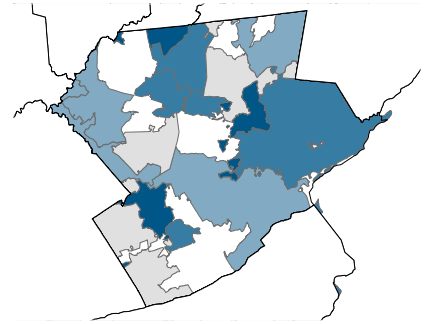
MATERNAL DEPRESSION

OPIOID USE DISORDER

INTIMATE PARTNER VIOLENCE

SUBSTANCE USE DISORDER
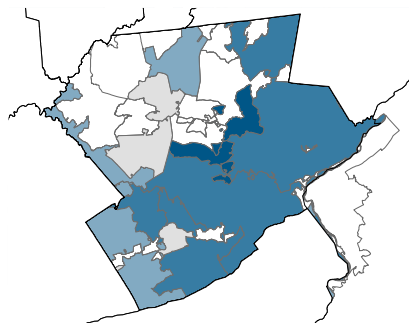
ON-TIME WELL-INFANT VISITS
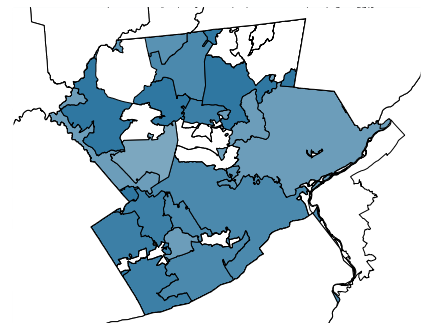
Low Need   Below Median Need   Above Median Need   Elevated Need   Suppressed Data
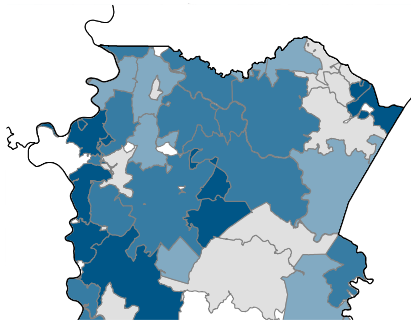
Sub-County Analysis:
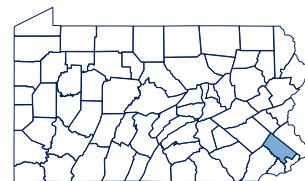
Montgomery

Residents of Montgomery County, compared to the rest of the state, experience less need across most indicators; however, need remains high county-wide for opioid use disorder. Despite perceived wealth within the county, the poverty rate for children remain high in several zip codes.

POVERTY RATE FOR CHILDREN UNDER 5
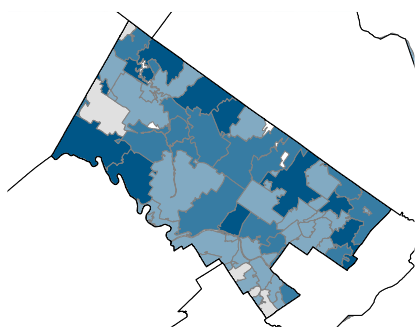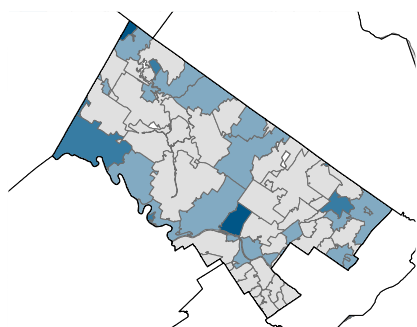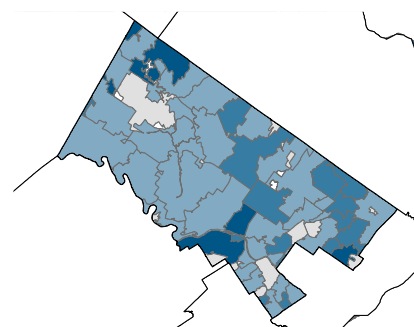
RECIPIENT OF SNAP OR SSI

LOW BIRTH WEIGHT

PRETERM BIRTH RATE
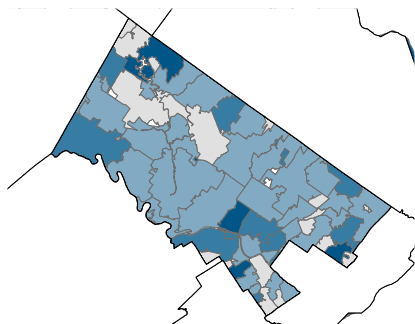
RECEIVING LATE PRENATAL CARE
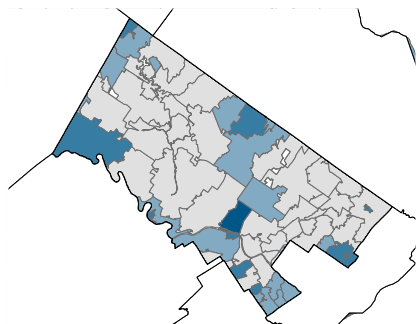
SMOKING DURING PREGNANCY
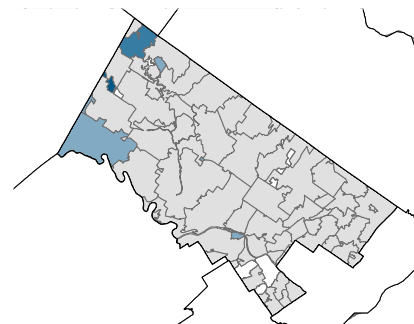
Low Need   Below Median Need   Above Median Need   Elevated Need   Suppressed Data

Sub-County Analysis: **Montgomery**

MOTHERS WITHOUT A HIGH SCHOOL DIPLOMA
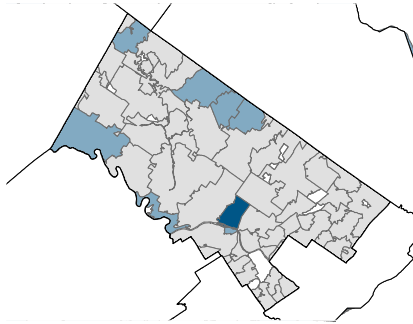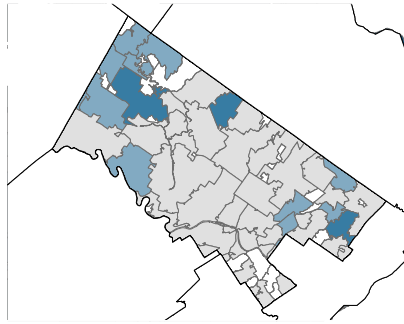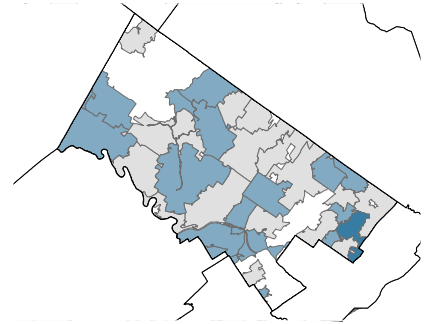
MATERNAL DEPRESSION

OPIOID USE DISORDER

INTIMATE PARTNER VIOLENCE
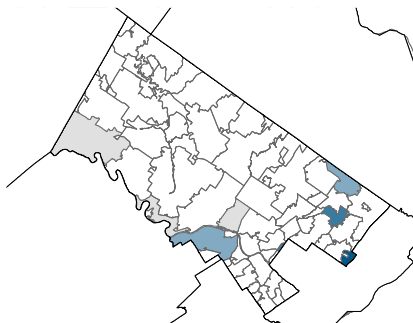
SUBSTANCE USE DISORDER
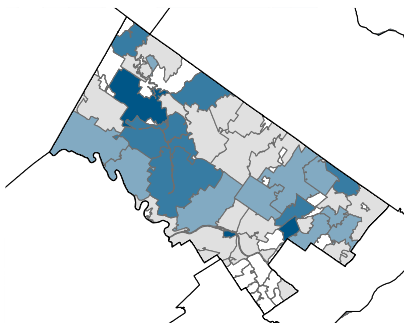
ON-TIME WELL-INFANT VISITS
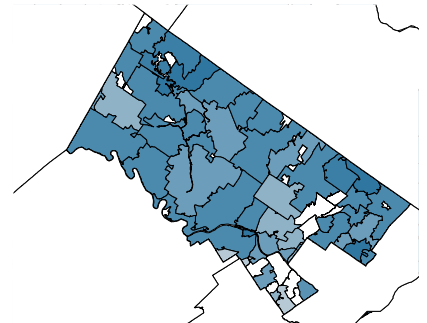
Low Need   Below Median Need   Above Median Need   Elevated Need   Suppressed Data
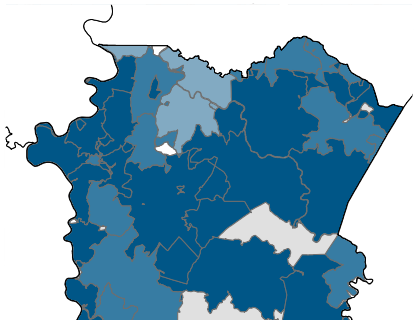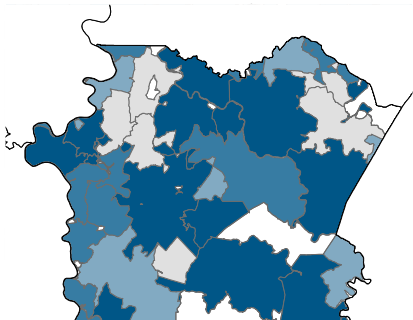
Sub-County Analysis:
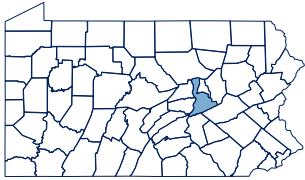
Northumberland

Northumberland County has significant variation in need across zip codes with residents of the southern part of the county experiencing more need for preterm and low birth weight births, receiving late prenatal care, maternal depression and high school graduation. Some zip codes in the central part of the county experience less need for several indicators, but variation is still present county-wide.

POVERTY RATE FOR CHILDREN UNDER 5
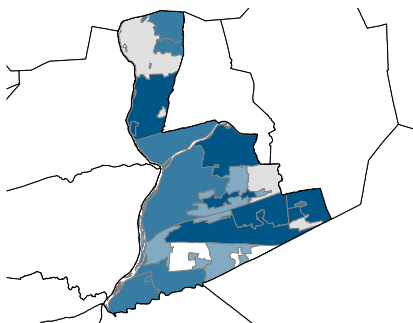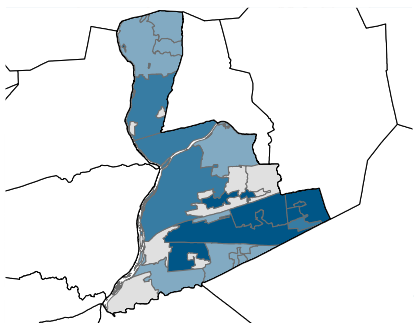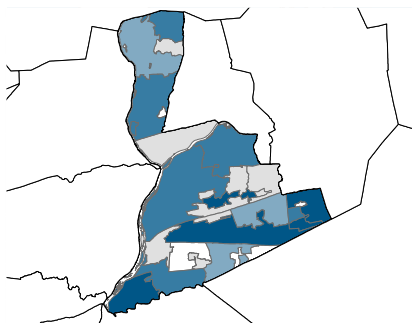
RECIPIENT OF SNAP OR SSI

LOW BIRTH WEIGHT

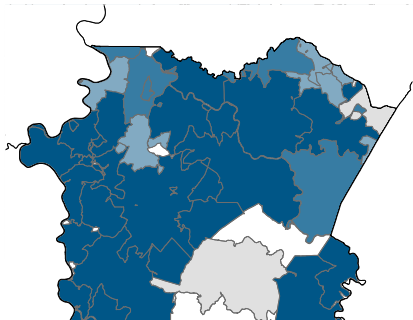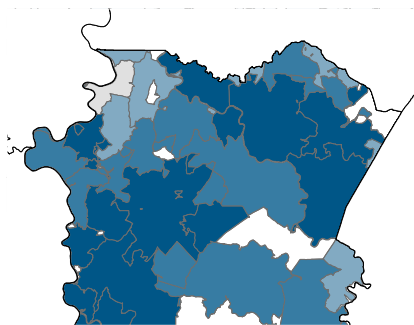## PRETERM BIRTH RATE
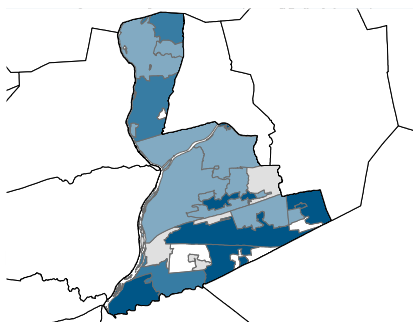
RECEIVING LATE PRENATAL CARE
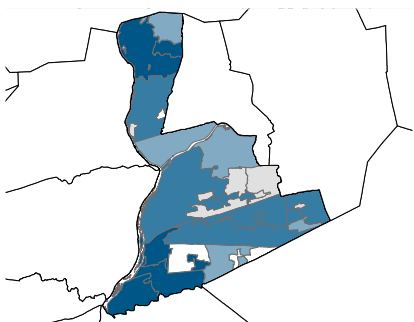
SMOKING DURING PREGNANCY
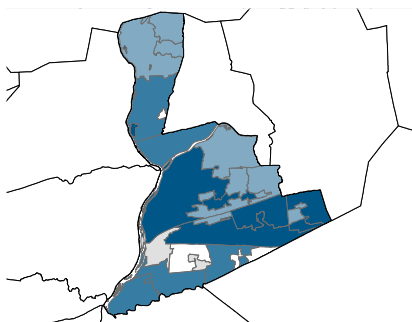
Low Need   Below Median Need   Above Median Need   Elevated Need   Suppressed Data

Sub-County Analysis: **Northumberland**

MOTHERS WITHOUT A HIGH SCHOOL DIPLOMA
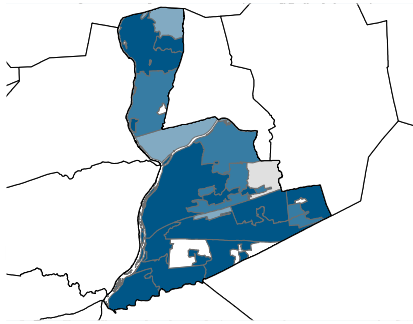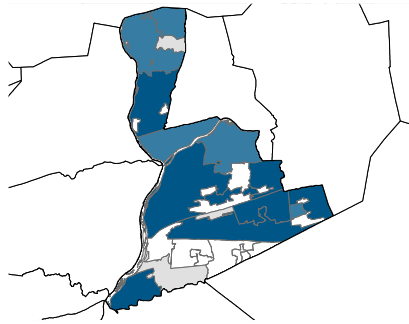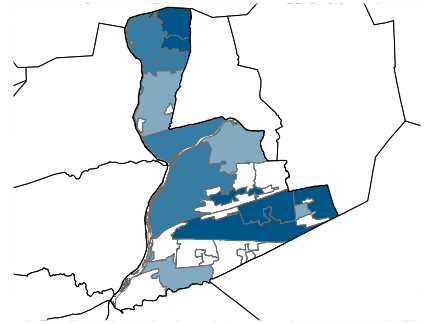
MATERNAL DEPRESSION

OPIOID USE DISORDER

INTIMATE PARTNER VIOLENCE
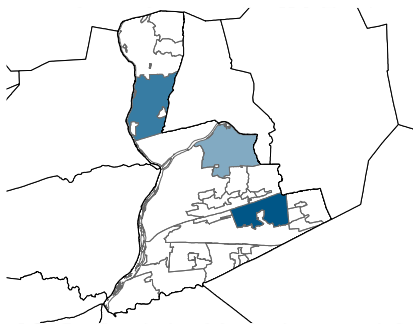
SUBSTANCE USE DISORDER
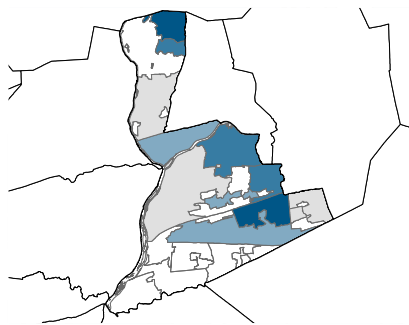
ON-TIME WELL-INFANT VISITS
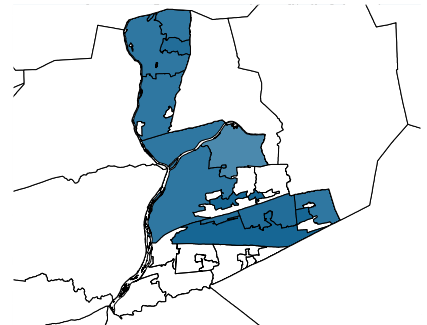
Low Need   Below Median Need   Above Median Need   Elevated Need   Suppressed Data

Sub-County Analysis:
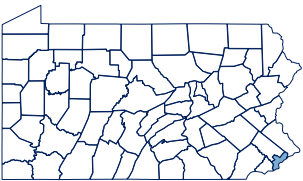
Philadelphia

Philadelphia County, like many large cities, displays significant heterogeneity across indicators, particularly in regards to poverty, preterm birth and high school completion. For indicators related to substance use and smoking, the county experiences less need than the rest of the state. In general, neighborhoods near the geographic center, such as North Philadelphia, experience higher needs than the rest of the county and state.

POVERTY RATE FOR CHILDREN UNDER 5
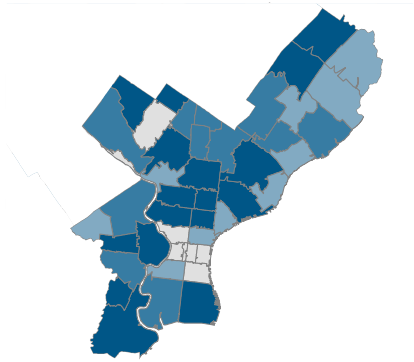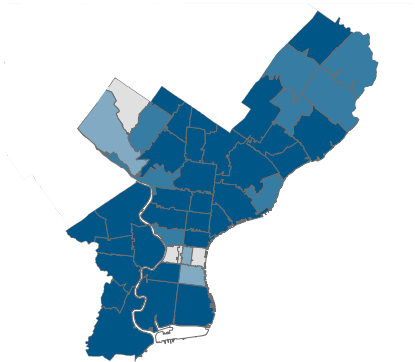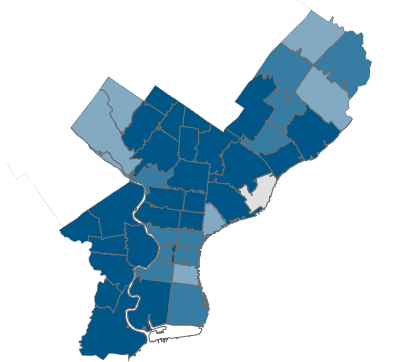
RECIPIENT OF SNAP OR SSI
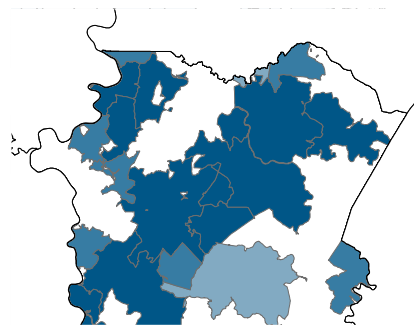
LOW BIRTH WEIGHT
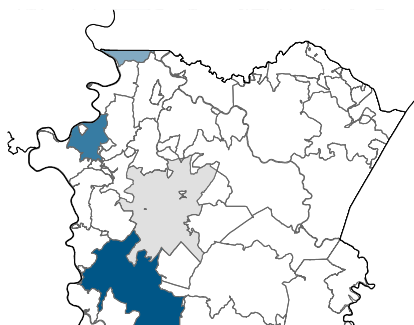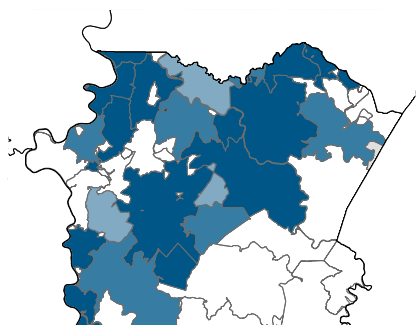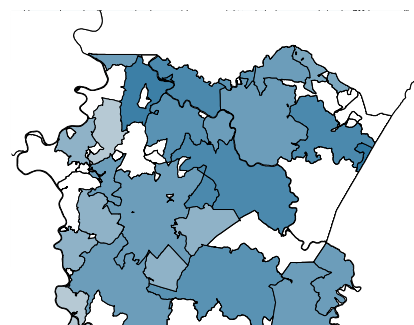
PRETERM BIRTH RATE
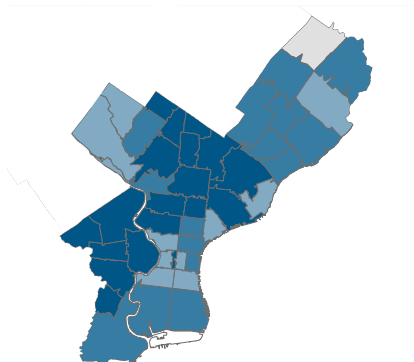
RECEIVING LATE PRENATAL CARE
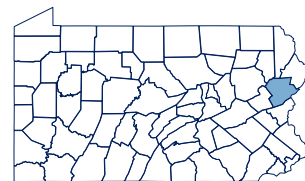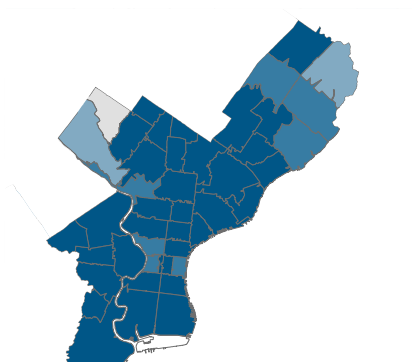
SMOKING DURING PREGNANCY
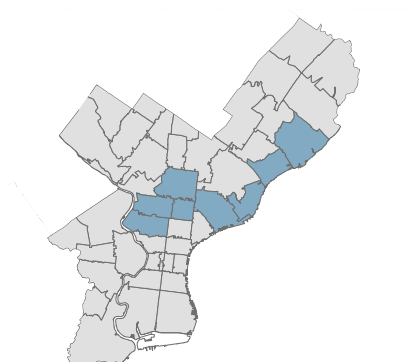
☐ Low Need ☐ Below Median Need ☐ Above Median Need ☐ Elevated Need ☐ Suppressed Data

Sub-County Analysis: **Philadelphia**

MOTHERS WITHOUT A HIGH SCHOOL DIPLOMA
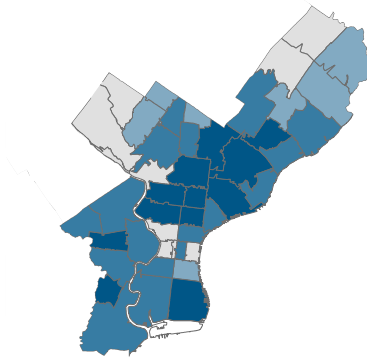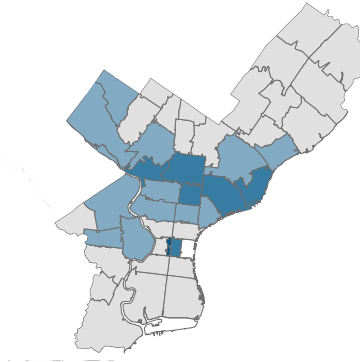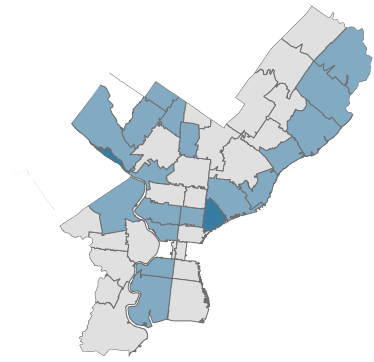
MATERNAL DEPRESSION

OPIOID USE DISORDER

INTIMATE PARTNER VIOLENCE
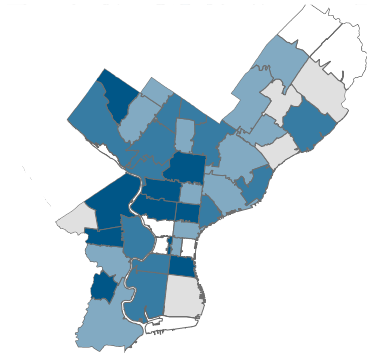
SUBSTANCE USE DISORDER
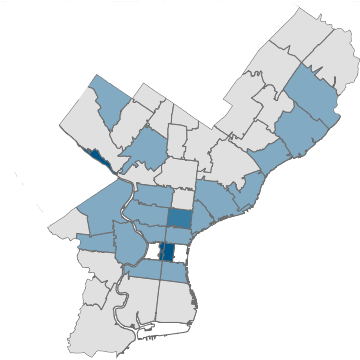
ON-TIME WELL-INFANT VISITS
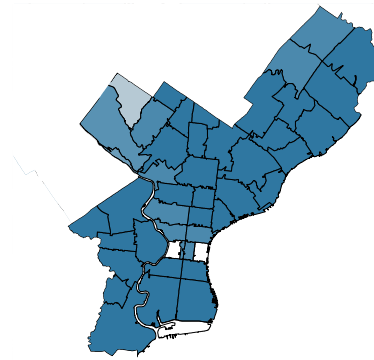
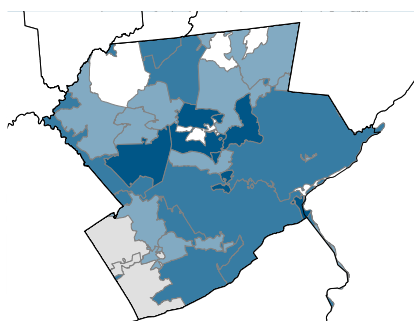☐ Low Need   ■ Below Median Need   ■ Above Median Need   ■ Elevated Need   ☐ Suppressed Data

Quality and Capacity of Existing Services

Since its inception in 2007, the Office of Child Development and Early Learning (OCDEL) has focused on creating opportunities for Pennsylvania's youngest children to develop and learn to their fullest potential. They accomplish this through a framework of supports and systems that provide at-risk children and their families with access to high-quality services to meet their complex needs. OCDEL continues to strive to build a strong foundation for children through engaging and strengthening families, promoting family leadership in local communities, the establishment of statewide standards of excellence in early care and education, and by providing financial and technical supports.

In order to robustly support Pennsylvanian families, OCDEL works with many partners. Parents, schools, child care, Early Intervention, Head Start/Early Head Start, child welfare, libraries, community organizations, and other stakeholders have joined with OCDEL to provide high-quality early childhood programs and effective prevention strategies to mitigate challenges faced by families that affect school readiness and life success. OCDEL also partners with other state agencies to ensure the myriad of services for children and families are aligned and well-coordinated.

The information collected to inform this assessment includes publicly funded (state and federal) slots administered through OCDEL and does not include other investments in home visiting or family support programs administered locally through philanthropic investment or by other local or state agencies. While information is not included in this assessment, OCDEL does partner with other state agencies on non-MIECHV- or non-OCDEL-funded home visiting and family support efforts that exist to ensure services are addressing the needs of communities.

In addition to federal dollars, the state has made significant state investments in a variety of evidence-based home visiting (EBHV) and other family support programs. The funds supporting program models administered by OCDEL are made possible by various funding mechanisms, including: MIECHV, Nurse-Family Partnership, Promoting Responsible Fatherhood and state funding for EBHV programs. In 2018, OCDEL absorbed the Family Center line item from the Department of Human Services Office of Children Youth and Families (OCYF) along with the existing contracted program slots to be served under those agreements.

Summary of Capacity

Information was collected from Pennsylvania's network of local implementing agencies (LIAs) as well as OCDEL's grants management system to identify information about existing programs or initiatives for early childhood home visiting across the state. We obtained program enrollment information for state fiscal years (SFY) 2016-17 and 2019-20. Table 13 on page 83 provides a detailed account of the total number of families contracted to be served at the county level for SFY 2016-17 and the most recent fiscal year available (2019-20), as well as the information requested to meet the federal requirements of this assessment. The term funded slots is used to describe the total number of families served, at any given time throughout a fiscal year, contracted between OCDEL and a LIA.

HRSA provided estimated number of eligible families by county, defined as families with children under 6 years old that were living in poverty and met two of three additional risk factors (families in which the mother has low educational attainment (high school education or less); families with pregnant women (a child less than 1 year in the past year); or families with young mothers (aged under 21)). States were also offered the opportunity to estimate the eligible population using an alternate calculation. For purposes of this assessment, we used the U.S. Census American Community Survey 2014-2018 five-year average to identify the number of families with children ages 0-5 living below 200% of the federal poverty level in each county.

This number is consistent with figures used by evidence-based home visiting models and more accurately reflects the population served by home visiting across Pennsylvania given the breadth of models implemented.

Pennsylvania significantly increased its investment in evidence-based home visiting programs over the last four years. In SFY 2016-17, OCDEL administered funding to support a total of 5,235 families across 57 counties to implement four evidenced-based home visiting models: Early Head Start, Healthy Families America, Nurse-Family Partnership and Parents As Teachers. By SFY 2019-20, the state increased its investment in EBHV funded slots by 52% and expanded availability of funds to include an additional two models: Family Check-up and SafeCare Augmented. In SFY 2019-20, 46 of the 67 counties received federal MIECHV dollars; through additional state funds, all 67 counties across the state offer at least one of the seven EBHV models.

An additional 2,710 slots were created between SFY 2016-17 and SFY 2019-20. Taking into consideration the 2,205 slots absorbed through the existing PA Department of Human Services OCYF Family Center Line item contracts in 2018, the state's new total investment in EBHV in SFY 2019-20 was 10,150 funded slots. OCDEL also increased availability of services to an additional 10 counties bringing federal- and state-funded evidence-based home visiting to all of the state's 67 counties. Using the alternate calculation to identify eligibility for services, the current state and federal investment in home visiting administered through OCDEL represents approximately 5% of the total number of families eligible for home visiting across all 67 counties.

Table 13: Pennsylvania Home Visiting Program Capacity Data

County	Whether the County is Served by Any Home Visiting Program (2019)	Whether the County is Served by Any Evidence-based Home Visiting Model* Eligible for MIECHV Implementation (2019)	Whether the County is Served by Any Home Visiting Program Funded by MIECHV (2019)	Total State/Federally Funded Slots in SFY 2016–2017	Total State/Federally Funded Slots SFY 2019–2020	2018 Family Center Slots***	Total State/Federally Funded Slots for SFY 2019–2020**	Increase in Funded Slots from SFY 2016–2017 to 2019–2020	Percent Change in Funded Slots from SFY 2016–2017 to 2019–2020	Eligible Families by County (HRSA calculation) ***	Percent of Eligible Families Served by Funded HV Services (using HRSA calculation)	Eligible Families by County (alternate PA specific calculation) ****	Percent of Eligible Families Served by HV Services (optional alternate PA-specific calculation)
				No.	No.	No.	No.	No.	Percent	No.	Percent	No.	Percent
Adams	Y	Y	Y	25	25	0	25	0	0%	469	5.3%	1959	1.3%
Allegheny	Y	Y	Y	220	940	595	345	125	57%	5476	17.2%	25800	3.6%
Armstrong	Y	Y	Y	32	41	10	31	-1	-3%	194	21.1%	1765	2.3%
Beaver	Y	Y	N	0	20	0	20	20	N/A	916	2.2%	3806	0.5%
Bedford	Y	Y	N	0	57	42	15	15	N/A	195	29.2%	1457	3.9%
Berks	Y	Y	Y	404	529	25	504	100	25%	1675	31.6%	12502	4.2%
Blair	Y	Y	Y	154	249	50	199	45	29%	851	29.3%	3440	7.2%
Bradford	Y	Y	Y	88	93	0	93	5	6%	389	23.9%	1662	5.6%
Bucks	Y	Y	N	0	135	75	60	60	N/A	1982	6.8%	7236	1.9%
Butler	Y	Y	N	0	5	2	3	3	N/A	921	0.5%	2907	0.2%
Cambria	Y	Y	Y	79	106	0	106	27	34%	1398	7.6%	3656	2.9%
Cameron	Y	Y	Y	22	63	41	22	0	0%	32	196.9%	172	36.6%
Carbon	Y	Y	N	2	2	0	2	0	0%	694	0.3%	1569	0.1%
Centre	Y	Y	Y	60	140	0	140	80	133%	204	68.6%	2649	5.3%
Chester	Y	Y	Y	150	400	100	300	150	100%	1181	33.9%	7534	5.3%
Clarion	Y	Y	Y	22	42	18	24	2	9%	97	43.3%	1074	3.9%
Clearfield	Y	Y	Y	63	182	80	102	39	62%	541	33.6%	2157	8.4%
Clinton	Y	Y	Y	100	101	0	101	1	1%	252	40.1%	1301	7.8%
Columbia	Y	Y	Y	88	235	38	197	109	124%	464	50.6%	1622	14.5%
Crawford	Y	Y	Y	42	44	0	44	2	5%	767	5.7%	2783	1.6%
Cumberland	Y	Y	Y	36	85	0	85	49	136%	755	11.3%	4916	1.7%
Dauphin	Y	Y	Y	180	317	100	217	37	21%	1497	21.2%	9782	3.2%
Delaware	Y	Y	Y	165	258	20	238	73	44%	2757	9.4%	12665	2.0%
Elk	Y	Y	Y	5	3	0	3	-2	-40%	205	1.5%	747	0.4%
Erie	Y	Y	Y	150	305	45	260	110	73%	1628	18.7%	9471	3.2%
Fayette	Y	Y	Y	135	130	0	130	-5	-4%	592	22.0%	3982	3.3%
Forest	Y	Y	Y	3	7	0	7	4	133%	18	38.9%	104	6.7%
Franklin	Y	Y	N	35	25	0	25	-10	-29%	412	6.1%	4551	0.5%
Fulton	Y	Y	N	0	75	40	35	35	N/A	59	127.1%	449	16.7%

County													
Greene	Y	Y	Y	15	158	80	78	63	420%	246	64.2%	858	18.4%
Huntingdon	Y	Y	Y	82	82	0	82	0	0%	311	26.4%	1151	7.1%
Indiana	Y	Y	Y	36	42	0	42	6	17%	252	16.7%	2253	1.9%
Jefferson	Y	Y	Y	113	161	0	161	48	42%	111	145.0%	1624	9.9%
Juniata	Y	Y	N	0	28	0	28	28	N/A	96	29.2%	798	3.5%
Lackawanna	Y	Y	N	75	169	35	134	59	79%	1340	12.6%	6284	2.7%
Lancaster	Y	Y	Y	225	518	100	418	193	86%	3617	14.3%	17290	3.0%
Lawrence	Y	Y	Y	125	169	76	93	-32	-26%	510	33.1%	2444	6.9%
Lebanon	Y	Y	Y	25	37	0	37	12	48%	730	5.1%	4410	0.8%
Lehigh	Y	Y	N	125	265	75	190	65	52%	3229	8.2%	10133	2.6%
Luzerne	Y	Y	Y	193	316	56	260	67	35%	2545	12.4%	10108	3.1%
Lycoming	Y	Y	N	125	125	0	125	0	0%	739	16.9%	3699	3.4%
McKean	Y	Y	Y	90	135	0	135	45	50%	281	48.0%	1330	10.2%
Mercer	Y	Y	Y	0	383	175	208	208	N/A	838	45.7%	3121	12.3%
Mifflin	Y	Y	Y	54	86	0	86	32	59%	180	47.8%	2151	4.0%
Monroe	Y	Y	Y	126	126	0	126	0	0%	778	16.2%	3381	3.7%
Montgomery	Y	Y	Y	195	368	68	300	105	54%	614	59.9%	10678	3.4%
Montour	Y	Y	N	10	28	0	28	18	180%	97	28.9%	395	7.1%
Northampton	Y	Y	N	125	205	75	130	5	4%	2012	10.2%	6077	3.4%
Northumberland	Y	Y	Y	54	94	1	93	39	72%	492	19.1%	3007	3.1%
Perry	Y	Y	Y	17	88	10	78	61	359%	155	56.8%	1307	6.7%
Philadelphia	Y	Y	Y	652	1,122	0	1122	470	72%	13492	8.3%	73814	1.5%
Pike	Y	Y	Y	8	8	0	8	0	0%	137	5.8%	810	1.0%
Potter	Y	Y	Y	20	16	0	16	-4	-20%	113	14.2%	601	2.7%
Schuylkill	Y	Y	N	75	75	0	75	0	0%	949	7.9%	3842	2.0%
Snyder	Y	Y	Y	34	34	0	34	0	0%	157	21.7%	1369	2.5%
Somerset	Y	Y	N	0	162	60	102	102	N/A	304	53.3%	2138	7.6%
Sullivan	Y	Y	Y	4	8	0	8	4	100%	40	20.0%	140	5.7%
Susquehanna	Y	Y	N	20	32	0	32	12	60%	101	31.7%	1084	3.0%
Tioga	Y	Y	Y	5	33	0	33	28	560%	265	12.5%	1332	2.5%
Union	Y	Y	Y	23	19	0	19	-4	-17%	177	10.7%	1060	1.8%
Venango	Y	Y	Y	16	34	17	17	1	6%	133	25.6%	1660	2.0%
Warren	Y	Y	N	0	21	0	21	21	N/A	356	5.9%	1236	1.7%
Washington	Y	Y	N	0	62	0	62	62	N/A	1189	5.2%	3819	1.6%
Wayne	Y	Y	N	20	38	18	20	0	0%	125	30.4%	886	4.3%
Westmoreland	Y	Y	N	108	108	78	30	-78	-72%	1397	7.7%	6496	1.7%
Wyoming	Y	Y	N	43	43	0	43	0	0%	100	43.0%	662	6.5%
York	Y	Y	Y	137	138	0	138	1	1%	3141	4.4%	10965	1.3%
TOTAL				**5235**	**10150**	**2205**	**7945**	**2710**	**52%**	**67970**	**28.8%**	**338131**	**4.8%**
								SUM	AVERAGE	SUM	AVERAGE		

*Evidence-based programs allowed by MIECHV: • Attachment and Biobehavioral Catch-Up (ABC) Intervention • Child FIRST • Early Head Start – Home-Based Option • Early Intervention Program for Adolescent Mothers • Early Start (New Zealand)Family Connects • Family Check-Up for Children • Family Connects • Family Spirit • Health Access Nurturing Development Services (HANDS) Program • Healthy Beginnings • Healthy Families America • Home Instruction for Parents of Preschool Youngsters • Maternal Early Childhood Sustained Home Visiting Program • Maternal Infant Health Program • Minding the Baby • Nurse-Family Partnership • Parents as Teachers • Play and Learning Strategies – Infant • SafeCare Augmented

**Total number state and federally funded slots in 2019-2020. This number does not include Family Center funded slots absorbed by OCDEL from OCYF in 2018.

***Health Resources Services Administration (HRSA) definition of eligible families: families with children under 6 years old that were living in poverty and met two additional risk factors (families in which the mother has low educational attainment (high school education or less); families with pregnant women (a child less than 1 year in the past year); or families with young mothers (aged under 21)).

****Alternate Pennsylvania specific calculation of eligible families: US Census American Community Survey 2014-2018 five-year average to identify the number of families with children ages 0-5 living below 200% of the federal poverty level in each county.

Summary of Administrative Survey Results

To assess additional areas of service quality and capacity, local home visiting administrators across the state completed a survey about their home visitor workforce, client needs, and agency responses to particular issues related to maternal, child and family health. (See Appendix 4 to find the survey questions.)

Across the 55 survey respondents, there was great variation in the size of staff, ranging from 1 to 68 home visitors, with a median of 7 home visitors. (In the discussion that follows, we used the median number of home visitors to define large sites as those with more than 7 home visitors and small sites as those with 7 or fewer home visitors.) On average, urban sites had more home visitors than rural sites[1] (14.2 compared to 8.4 staff respectively). The vast majority of sites indicated that over half of their home visiting staff are full-time employees, with 31 respondents reporting that all home visitors are full-time. The average proportion of full-time staff did not differ between urban and rural sites, 86% compared to 85%, respectively, and was slightly lower than the national average across models at 91% (Boller et al., 2014). Two smaller agencies from urban areas reported that all of their staff were employed part-time. Administrators were also asked to describe their staff's level of experience by indicating how many staff had less than one year, one to three years or more than three years of experience in the field. Overall, staff tended to be more experienced, with an average of 63% of staff having more than three years of experience, 17% having one to three and 20% with less than one. Staff at rural sites tended to be more experienced than staff at urban sites—on average, a greater proportion of urban staff had less than 1 year experience (23.7% at urban sites vs. 16.9% at rural sites) and rural sites had a greater proportion of staff with more than 3 years of experience (69.9% at rural sites vs. 54.9% at urban sites).

In the survey, administrators answered a few questions that shed light on how closely the home visiting workforce reflects the identities of their clients. Twenty-seven of the 55 agencies had at least one multilingual home visitor on staff. Comparing urban and rural sites with at least one multilingual home visitor, urban sites had a greater proportion of multilingual staff on average (29% vs. 19% at rural sites). Home visitors from the remaining 28 agencies spoke only English, 20 of which were rural sites. When the 27 agencies with multilingual staff were asked what language(s) home visitors spoke, 25 agencies reported Spanish, 4 French and 2 German. Lastly, we asked administrators, "Does your workforce reflect the racial, ethnic or linguistic identities of your clients?" The majority of administrators responded yes. Rural sites were more likely to report yes, that their staff matched the racial, ethnic or linguistic identities of clients (18 rural sites compared to 10 urban sites), while urban sites more often answered somewhat (15 urban sites vs. 10 rural sites). The two sites that responded no to this question were smaller urban sites.

Finally, administrators were asked to identify the most frequent risk factors observed among their client population, each administrator was asked to prioritize 3 from a list of 16 items related to caregiver needs, caregiver populations, child welfare, special health care needs and substance abuse. Caregiver needs related to history of or current mental health diagnosis was the most frequently selected response (39 respondents), followed by caregiver needs related to unemployment (22 respondents) and having a history of substance abuse (19 respondents). These three most frequently selected items were endorsed equally by rural and urban sites. Rural sites more often cited current substance abuse, grandparents or other kin caregivers raising youth, and parents with developmental delays or other special health care needs. Urban sites were more likely to report domestic violence,

1 Urban and rural counties were defined by the US Census Bureau and the Center for Rural Pennsylvania.

non-English speaking and migrant families as frequent risk factors. Importantly, three urban sites selected "Other" to write in homelessness or housing insecurity as a top risk factor impacted their families.

Administrators were then asked to describe their agency's response to common maternal, child and family needs—for instance, "dental health care for children" and "help for alcohol or drug use/abuse." Response options were, "provide direct services," "refer clients to these services," "not applicable for our program model(s)" or "other." Responses demonstrated which services agencies were prepared to manage versus those for which they depend on outside support. The vast majority of respondents indicated that their agency directly provides information for fathers, grandparents and other kin serving as caregivers, and materials about how to keep children safe and prevent injuries. Conversely, help for domestic or sexual violence, assistance for alcohol or drug use/abuse, and mental health or behavioral health services for an adult or child were all issues for which many agencies referred clients elsewhere.

Figure 8: Most Frequent Needs at Rural & Urban LIAs

Need	Rural	Urban
Mental health issues		
Unemployment		
History of substance abuse		
History of interactions with child welfare services		
Children with developmental delays or special health needs		
Non-English speaking		
History of domestic violence		
History of child abuse or neglect		
Current substance abuse		
Grandparents or other kin caregivers raising young children		
Migrant Families		
Parents with developmental delays or special health needs		
Use of tobacco products		
Fathers		
Incarcerated parents		
Families previously or currently serving in armed forces		

Scale: 0 5 10 15 20 25 30 35 40 45

Legend: **Rural** (green) **Urban** (orange)

Figure 9: Agency Approach to Maternal & Child Health Needs

Horizontal stacked bar chart. Categories (top to bottom):

- Help with transportation
- Help with job search or training
- Housing assistance (rent, power, heat, water, phone)
- Cash assistance, such as Temporary Assistance for Need Families (TANF)
- Help with getting food for the family
- Information about how to improve diet and nutrition for the family
- Information for grandparents and other kin serving as caregivers
- Information for father caregivers
- Information about how to keep children safe and prevent injuries
- Help finding out if a child is growing and developing normally
- Information and support about breastfeeding
- Information and support about having a healthy pregnancy
- Help for domestic violence or sexual violence
- Help for alcohol or drug use/abuse
- Child care for infants or toddlers
- Pre-K or early childhood education
- Translation and/or interpretation services
- How to get health insurance and medical care
- Help getting service for a child with special health needs
- Help caring for a child with special health needs
- Mental health or behavioral health services for an adult
- Mental health or behavioral health services for a child
- Dental health care for a child (including cleanings)
- Dental health care for an adult (including cleanings)
- General health care for an adult
- General health care for a child, such as a well-child visit

X-axis: 0, 10, 20, 30, 40, 50, 60

Legend:
- ■ Provide Direct Service
- ■ Refer Clients to Services
- ■ Not Applicable to Program
- ■ Other

Community Survey Findings

In the fall of 2019, a survey was distributed to communities across the state collecting residents' views on the availability, quality, and perceived need of services in their community. A total of 2,184 respondents answered the survey, providing a perspective from the state overall and for all six regions in the state (shown in Figure 10). Respondents represented a broad range of demographic groups included home visiting clients (13%), those employed in community-based organizations (28%), those employed in home visiting programs (15%), and those working for county or local government (14%). An additional 30% of respondents were employed in other positions or did not provide a response. The full survey and results can be found in Appendix 4.

FIGURE 10: SIX REGIONS OF PENNSYLVANIA USED FOR SURVEY ANALYSIS
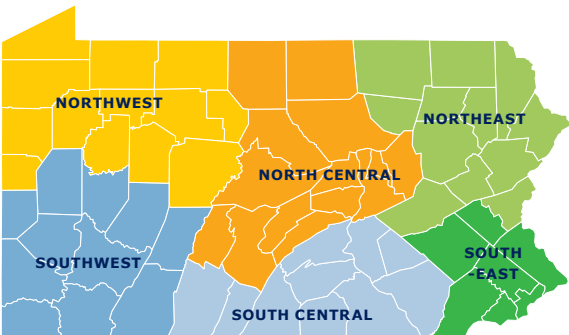
SERVICE AVAILABILITY

The survey asked respondents to consider availability of 12 different services in their community, including: pregnancy and parenting support services, job opportunities for families, infant and toddler child care, children's health services, and parks, libraries and community centers (Table 14). **Overall, half of respondents (54%) viewed services in their community as very available or having above average availability.** Some services, like pre-K and toddler education services were perceived to be widely available; three-quarters of respondents (77%) assessed these services as very available or having above average availability in their county. Other services were not perceived to have high availability. Only 13% of respondents said that

substance use treatment centers were available in their community (shown in Figure 11). Similarly, only 1 in 10 respondents noted wide availability of job opportunities for families. Across all services, there was some regional variability in perceptions of service availability. In particular, the northern part of the state, including the northwest, north central, and northeast regions, consistently reported less availability of services including job opportunities, substance use treatment centers, adult dental care, child care, children's health and dental services, and adult health centers, primary care providers and hospitals.

FIGURE 11: PERCENTAGE OF PARTICIPANTS CITING SUBSTANCE ABUSE TREATMENT SERVICES AS BELOW AVERAGE OR NOT AVAILABLE

Region	Percentage
Southeast	34%
Northeast	42%
South Central	34%
North Central	44%
Southwest	28%
Northwest	40%

Substance use treatment centers were widely perceived to be not available locally.

QUALITY OF SERVICES

The survey asked respondents to consider the quality of the same 12 services in their community. **Overall, about half (55%) of respondents believed their community offered high-quality or above average-quality services.** Some maternal and child services were widely perceived to be of high quality (Table 15). For example, 78% of respondents perceived pre-K and toddler education services to be good or above average quality. Similarly, 60% rated local infant and toddler child care services as high quality. Once again, the three regions in the northern part of the state reported lower quality of services available in their community, with an emphasis on less high-quality mental health services, substance

TABLE 14: COMMUNITY PERCEPTIONS OF SERVICE AVAILABILITY

Please rate how available the following services are in your community.

	Very available	Above average availability	Below average availability	Not available	I'm not sure
Pregnancy and parenting support services (n=1,669)	363	604	377	33	293
	22%	36%	23%	2%	18%
Pre-K or toddler education (n=1,693)	620	682	306	6	79
	37%	40%	18%	0.4%	5%
Infant or toddler child care (n=1,685)	407	522	577	27	152
	24%	31%	34%	2%	9%
Children's health or dental services (n=1,681)	443	608	481	31	118
	26%	36%	29%	2%	7%
Hospitals, adult health centers, PCPs (n=1,690)	608	691	309	21	66
	36%	41%	18%	1%	4%
Adult dental care (n=1,684)	504	627	376	36	141
	30%	37%	22%	2%	8%
Local mental health services (n=1,684)	281	418	676	56	253
	17%	25%	40%	3%	15%
Local substance use treatment services (n=1,677)	226	448	539	61	403
	13%	27%	32%	4%	24%
Parks, libraries and community centers (n=1,695)	567	452	337	15	24
	33%	44%	20%	1%	1%
Public transportation (n=1,691)	338	429	658	156	110
	20%	25%	39%	9%	7%
Job opportunities for families (n=1,687)	200	461	778	58	190
	12%	27%	46%	3%	11%
Crime or community violence prevention services (n=1,692)	153	337	695	103	404
	9%	20%	41%	6%	24%

TABLE 15: COMMUNITY PERCEPTIONS OF SERVICE QUALITY

Please rate the quality of these services in your community.

	Good quality	Above average quality	Below average quality	Poor quality	I'm not sure
Pregnancy and parenting support services (n=1,552)	427	484	215	36	401
	27%	31%	14%	2%	26%
Pre-K or toddler education (n=1,571)	609	627	178	26	130
	39%	40%	11%	2%	8%
Infant or toddler child care (n=1,560)	429	516	335	57	223
	28%	33%	21%	4%	14%
Children's health or dental services (n=1,555)	457	543	294	58	203
	29%	35%	19%	4%	13%
Hospitals, adult health centers, PCPs (n=1,559)	492	603	277	67	120
	32%	39%	18%	4%	8%
Adult dental care (n=1,559)	408	577	258	70	246
	26%	37%	17%	4%	16%
Local mental health services (n=1,562)	264	393	431	129	345
	17%	25%	28%	8%	22%
Local substance use treatment services (n=1,557)	318	354	358	101	516
	20%	23%	23%	6%	33%
Parks, libraries and community centers (n=1,565)	553	633	242	61	76
	35%	40%	15%	4%	5%
Public transportation (n=1,556)	308	364	405	246	233
	20%	23%	26%	16%	15%
Job opportunities for families (n=1,560)	216	332	570	173	269
	14%	21%	37%	11%	17%
Crime or community violence prevention services (n=1,558)	178	276	447	161	497
	11%	18%	29%	10%	32%

use treatment services and job opportunities. For example, 38% of respondents from the northwest perceived the quality of their mental health services to be below average or poor. In the northeast, 37% had a similar perception.

Community Need

Respondents were asked to assess their community's level of need across a range of seven areas: child care, child safety, community, environment, pregnancy and birth outcomes, social and economic issues and substance use. Respondents noted an overall high level of need for substance use issues (68%), social and economic concerns (63%) and child care (59%).

Home Visiting Services

A subset of survey respondents (281) included families who received home visiting services. Questions were geared toward their experiences

and asked home visiting clients to choose the top five most-valuable home visiting services from a list of 22 common services in evidence-based home visiting programs. Respondents consistently ranked three services as most useful: knowing if a child is growing or developing normally (54% ranked as a top service), playing to, reading to or teaching children (49% ranked as a top service), and providing resources for pre-K or child care education (42% ranked as a top service). When home visiting client responses were examined by region, there were some regional differences in the perceived most-valuable services (shown in Table 16). For example, respondents in the south central region highly ranked having a healthy relationship with their baby (48%) and preventing child injury (45%) as a top home visiting service. Respondents from the northwest were more likely to appreciate home visiting services related to housing assistance and TANF cash assistance.

TABLE 16: TOP-RATED HOME VISITING SERVICES AMONG CLIENTS ACROSS SIX REGIONS IN PENNSYLVANIA

Please choose the home visiting services that were most useful to you (choose 5).

	PA	Northwest	Southwest	North Central	South Central	Northeast	Southeast
Knowing if a child is growing or developing normally	153	15	29	12	76	9	12
	58%	54%	52%	55%	64%	50%	31%
Playing to, reading to and teaching children	137	7	22	12	78	4	14
	52%	25%	39%	55%	66%	22%	36%
Pre-K or child care education resources	118	12	25	9	56	4	12
	45%	43%	45%	41%	47%	22%	31%
Having a healthy relationship with my baby or child	103	7	20	5	57	3	11
	39%	25%	36%	23%	48%	17%	28%
Child safety and preventing injuries	89	6	9	7	56	2	9
	34%	21%	16%	32%	47%	11%	23%
Getting services for a child with disabilities or special health care needs	49	6	10	4	14	4	11
	19%	21%	18%	18%	12%	22%	28%
Taking care of a newborn	45	8	9	1	18	2	7
	17%	29%	16%	5%	15%	11%	18%

Overall Health of Mothers and Children

When asked to rank the overall health of mothers and children in their community, over half of all respondents selected either good or excellent health. The perception of availability and quality of services appears to drive perceptions of overall maternal and child health. Similar to prior questions, the southern regions ranked the state of maternal and child health in their community higher than the northern regions (see Figure 12). For example, 52% of respondents from the northwest, where service availability and quality was perceived to be lower, also rated maternal and child health as fair or poor conditions. In the southeast, where services were reported to be perceived as more prevalent and of higher quality, only 39% of respondents rated maternal and child health as fair or poor.

FIGURE 12: OVERALL RATINGS OF HEALTH OF PREGNANT WOMEN, CHILDREN AND FAMILIES

Please rate the overall health of pregnant women, children and families in your community.

Northwest

Rating	%
Excellent	8%
Good	40%
Fair	46%
Poor	6%

North Central

Rating	%
Excellent	4%
Good	52%
Fair	42%
Poor	2%

Northeast

Rating	%
Excellent	4%
Good	54%
Fair	40%
Poor	3%

Southwest

Rating	%
Excellent	9%
Good	50%
Fair	37%
Poor	4%

South Central

Rating	%
Excellent	12%
Good	51%
Fair	32%
Poor	5%

Southeast

Rating	%
Excellent	8%
Good	53%
Fair	34%
Poor	5%
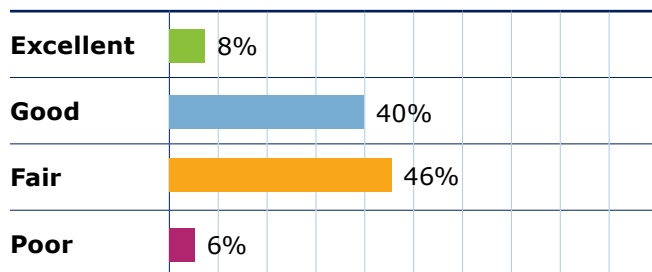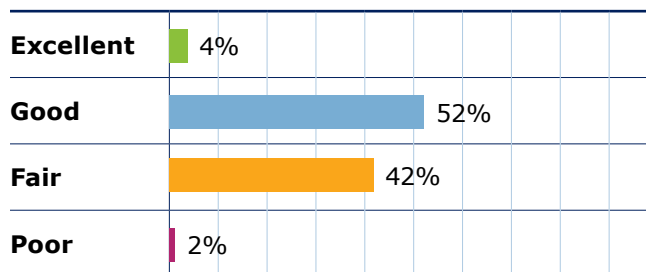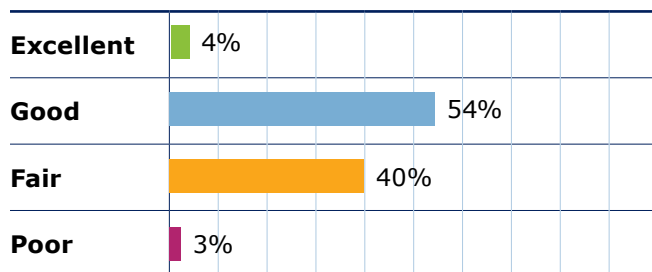
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Family Support Needs Assessment County Profile Summary

We created county profiles for each of Pennsylvania's 67 counties. The profile summarizes a county's home visiting programming, as well as its strengths and needs across six domains: Maternal & Child Health, Substance Use, Socioeconomic Status, Child Safety & Maltreatment, Community Environment and Child Care.
Each of the six domains represent a number of health and wellness indicators that were collected at the county level from various high-quality data sources. County domain composite need scores represent a weighted average of the need scores of the indicators within that domain. Using a quartile method, we assigned domain composite need scores for each county as low, moderate or elevated. For more information on determining need scores, see the section on Identification of Elevated Need Counties (pg. 8).

- **Low Need indicates that the county's composite need score is in the bottom 25% of state distribution for that domain**
- **Moderate Need indicates the county's composite need score is between the 25th and 75th percentile of state distribution for that domain**
- **Elevated Need indicates that the county's composite need score is in the top 25% of state distribution for that domain**

County profiles also include enrollment information for MIECHV-eligible, OCDEL-funded program models (listed alphabetically) in each county during state fiscal year (SFY) 2019-20 and the change in funded slots from SFY 2016-17. The term funded slots is used to describe the total number of families served, at any time throughout a fiscal year, contracted between OCDEL and a local implementing agency. To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level (FPL). The percentage of eligible families served by home visiting is shown for counties with >20 slots. For more information on capacity, see the section on Quality and Capacity of Existing Services (pg. 81).

October 2020

County Profile:

Allegheny
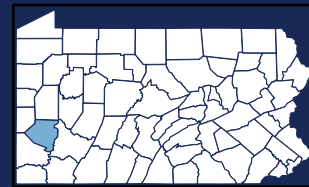
URBAN

TOTAL POPULATION:
1,218,452

POPULATION UNDER 4:
64,316

MEDIAN HOUSEHOLD INCOME:
$58,383

DOMAINS

Perinatal, Infant, & Child Outcomes

Moderate Need: The majority of Allegheny's maternal and child health indicators met Healthy People 2020 target goals. There is room to improve Allegheny's NICU admission rate.

Substance Use

Moderate Need: Allegheny has above average numbers of healthcare providers and treatment facilities for substance use and mental health treatment compared to other counties, while rates of drug use, overdoses, and opioid hospitalizations remain high.

Socioeconomic Status

Moderate Need: Allegheny has low rates of unemployment, high school dropouts, and mothers without a high school diploma. Income inequality represents a challenge for Allegheny county.

Child Safety & Maltreatment

Low Need: Allegheny fares well overall in terms of the safety and well-being of children in their families. Opportunities to protect the safety and well-being of pregnant and postpartum mothers are warranted.

Child Care

Low Need: Allegheny provides affordable child care and publicly funded, high quality pre-K to many eligible young children. There is room for improvement in increasing the percentage of regulated child care providers meeting high-quality standards.

Community Environment

Moderate Need: The state's second most populous county is home to many hospitals and health centers, yet struggles with environmental quality, crime, and poverty.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Family Check-up: 140
Healthy Families America: 25
Nurse–Family Partnership: 220
Parents as Teachers: 555

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
940 funded slots*

Change in funded capacity from SFY 16/17:
125 additional slots funded

Number of families eligible for home visiting in county:
25,800

Percentage of eligible families served by home visiting:
4%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

Childcare icon by Andrew Doane from Noun Project; Pennsylvania icon by freevectormaps.com.

October 2020

County Profile:

Adams

URBAN

TOTAL POPULATION:
1,218,452

POPULATION UNDER 4:
64,316

MEDIAN HOUSEHOLD INCOME:
$58,383

DOMAINS

Maternal & Child Health

Moderate Need: Indicators such as low birth weight, late prenatal care initiation, and NICU admissions were close to the median compared to other Pennsylvania counties. Notably, the preterm birth rate improved by almost 10% since the 2014 Needs Assessment.

Child Safety & Maltreatment

Moderate Need: Adam's measures of safety and well-being for pregnant and parenting families of young children are comparable to the statewide average.

Substance Use

Moderate Need: While Adams has a low overdose rate, there remains opportunity to improve rates of opioid use, crashes by impaired drivers, and the number of substance use treatment facilities.

Child Care

Moderate Need: Adams offers high quality, subsidized child care to many of its youngest residents. However, there is room to improve upon the percentage of these providers meeting high quality standards.

Socioeconomic Status

Low Need: Adams has low rates of poverty in the general population, income inequality, unemployment, and teens not in school. Child poverty remains an area of community need.

Community Environment

Low Need: Adams has low rates of crime and low-income census tracts. There is opportunity to improve access to medical and dental care for women and children across the county.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Nurse–Family Partnership: 25

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
25 funded slots*

Change in funded capacity from SFY 16/17:
No change

Number of families eligible for home visiting in county:
1,959

Percentage of eligible families served by home visiting:
1%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Armstrong
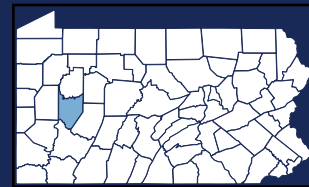
RURAL	TOTAL POPULATION:	POPULATION UNDER 4:	MEDIAN HOUSEHOLD INCOME:
	65,263	3,271	$49,032

DOMAINS

Maternal & Child Health

Elevated Need: Armstrong has improved their rates of babies born preterm and low birth weight in recent years. There is room to improve rates of infant mortality, breastfeeding, NICU admissions, and maternal depression among publicly insured women.

Substance Use

Elevated Need: Rates of opioid and substance use are high among Armstrong residents. Multi-sector initiatives such as the Addiction Recovery Mobile Outreach Team have aimed to address these issues.

Socioeconomic Status

Low Need: In Armstrong, there are low rates of income inequality and renters who are cost-burdened. Other indicators such as poverty and teen births are close to the median among counties in Pennsylvania.

Child Safety & Maltreatment

Moderate Need: Armstrong's measures of safety and well-being for pregnant and parenting families of young children are comparable to the statewide average.

Child Care

Moderate Need: Armstrong has high rates of regulated child care providers, however, there is room to improve upon the percentage of these providers meeting high-quality standards.

Community Environment

Elevated Need: Strategies to offset economic challenges and provider shortages are needed to improve health care delivery in rural communities such as Armstrong.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Parents as Teachers: 41

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
41 funded slots*

Change in funded capacity from SFY 16/17:
Decrease in 1 funded slot

Number of families eligible for home visiting in county:
1,765

Percentage of eligible families served by home visiting:
2%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Beaver
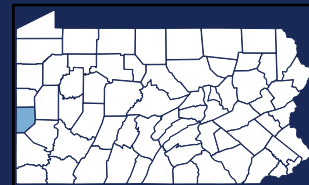
URBAN

TOTAL POPULATION:
164,742

POPULATION UNDER 4:
3,271

MEDIAN HOUSEHOLD INCOME:
$55,828

DOMAINS

Maternal & Child Health

Moderate Need: Beaver's rates of preterm birth and infant mortality have improved substantively since the 2014 Needs Assessment. There is room to improve the number of well-baby visits among Medicaid-enrolled children.

Substance Use

Moderate Need: The overall overdose rate is on the decline in Beaver; however, efforts are needed to address high rates of opioid use disorder among postpartum women and families.

Socioeconomic Status

Low Need: Beaver has low rates of teens not in school and mothers without a high school diploma. In recent years, this southwestern county has also seen improvements in child poverty and teen births.

Child Safety & Maltreatment

Low Need: Beaver fares well compared to other counties regarding the safety and well-being of pregnant and parenting families with young children.

Child Care

Moderate Need: Beaver provides subsidized child care to many young children. A focus is needed to increase the percentage of children receiving high quality child care and number of regulated child care providers.

Community Environment

Elevated Need: Challenges associated with Beaver's high percentage of low income and low access census tracts include crime, lead exposure, and access to health care.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Family Check-Up 20

MIECHV-funded:
No

Total SFY 19/20 state/federal funded capacity:
20 funded slots*

Change in funded capacity from SFY 16/17:
No change

Number of families eligible for home visiting in county:
3,806

Percentage of eligible families served by home visiting:
Not able to be calculated**

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.
**Percentage of eligible families served not calculated for counties with less than 20 funded slots

October 2020

County Profile:

Bedford
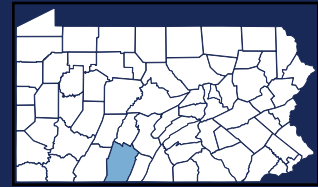
RURAL

TOTAL POPULATION:
48,176

POPULATION UNDER 4:
2,341

MEDIAN HOUSEHOLD INCOME:
$49,146

DOMAINS

Maternal & Child Health

Moderate Need: Bedford has low rates of low birth weight babies, preterm births, and NICU admissions. There is room to improve the percentage of publicly insured infants and children who receive the recommended amount of well-child visits.

Substance Use

Moderate Need: Measures of postpartum high-risk opioid use, opioid use, and alcohol use disorder are low in Bedford. There is an opportunity to address substance-exposed newborns.

Socioeconomic Status

Low Need: Bedford has low rates of income inequality and renters who are cost burdened. Additionally, rates of teen birth and child poverty have both declined since the 2014 Needs Assessment.

Child Safety & Maltreatment

Moderate Need: Bedford fares well overall in terms of the safety and well-being of children in their families. Opportunities to protect the safety and well-being of women are warranted.

Child Care

Elevated Need: Bedford has moderate amounts of regulated child care providers, however, families with young children face significant challenges in accessing high quality, affordable child care and pre-K.

Community Environment

Moderate Need: Bedford has favorable environmental quality and low rates of crime and juvenile arrests compared to other counties. Residents in this rural county may struggle with access to hospitals, primary care providers, and pediatric dental care.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Nurse–Family Partnership: 15
Parents as Teachers: 42

MIECHV-funded:
No

Total SFY 19/20 state/federal funded capacity:
57 funded slots*

Change in funded capacity from SFY 16/17:
15 additional slots funded

Number of families eligible for home visiting in county:
1,5457

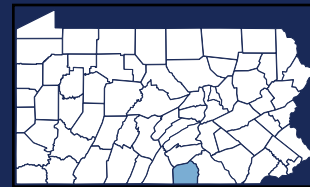**Percentage of eligible families served by home visiting:**
4%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Berks
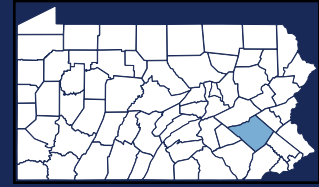
URBAN

TOTAL POPULATION:
420,152

POPULATION UNDER 4:
24,272

MEDIAN HOUSEHOLD INCOME:
$61,522

DOMAINS

Maternal & Child Health

Low Need: Rates of maternal depression among publicly insured women and early prenatal care initiation are favorable in Berks. There is room to improve the NICU admission rate.

Substance Use

Low Need: Rates of Neonatal Abstinence Syndrome, postpartum high-risk opioid use, and substance use disorder among pregnant and postpartum mothers are all low in Berks.

Socioeconomic Status

Moderate Need: Child poverty has improved by almost 20% in Berks since the 2014 Needs Assessment, while other economic measures – receipt of public benefits and WIC redemptions – remain high.

Child Safety & Maltreatment

Low Need: Berks ranks well compared to other counties regarding the safety and well-being of pregnant and parenting families with young children.

Child Care

Moderate Need: The majority of Berks' child care and pre-K indicators are comparable to the statewide average. A focus is needed to increase the numbers of regulated child care providers.

Community Environment

Low Need: Berks ranks well compared to other counties regarding the safety and well-being of pregnant and parenting families with young children.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Nurse–Family Partnership: 254
Parents as Teachers: 275

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
529 funded slots*

Change in funded capacity from SFY 16/17:
100 additional slots funded

Number of families eligible for home visiting in county:
12,502

**Percentage of eligible families served by home visiting:**
4%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Blair
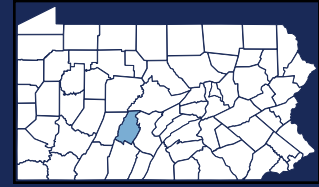
RURAL

TOTAL POPULATION:
122,492

POPULATION UNDER 4:
6,649

MEDIAN HOUSEHOLD INCOME:
$47,969

DOMAINS

Maternal & Child Health

Moderate Need: Since the 2014 Needs Assessment rates of preterm and low birth weight babies have declined in Blair. There remains room for improvement in addressing rates of maternal depression among publicly insured mothers.

Substance Use

Low Need: Compared to other counties, Blair has high numbers of substance treatment facilities and medication-assisted treatment practitioners, and low rates of drug and alcohol use.

Socioeconomic Status

Moderate Need: In Blair, indicators such as child poverty, income inequality, unemployment, and teens not in school are comparable to the statewide average. Efforts are needed to address high rates of teen births and poverty in the general population.

Child Safety & Maltreatment

Moderate Need: Blair fares well overall in terms of the safety and well-being of children in their families. Opportunities to protect the safety of young children are warranted.

Child Care

Low Need: Blair has performed well on measures of regulated child care providers meeting high-quality standards and children with access to publicly-funded, high-quality pre-K.

Community Environment

Elevated Need: Hospitals and primary care physicians are key assets in Blair. Focused attention is needed to address access to pediatric dentists, lead exposure, and the amount of low-income and low-access census tracts.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Nurse–Family Partnership: 177
Parents as Teachers: 72

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
249 funded slots*

Change in funded capacity from SFY 16/17:
45 additional slots funded

Number of families eligible for home visiting in county:
3,440

Percentage of eligible families served by home visiting:
7%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Bradford
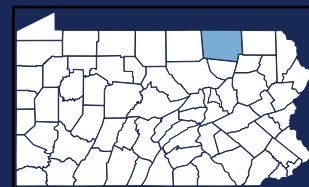
| **RURAL** | **TOTAL POPULATION:** 60,833 | **POPULATION UNDER 4:** 3,577 | **MEDIAN HOUSEHOLD INCOME:** $51,457 |

DOMAINS

Maternal & Child Health

Low Need: Bradford County has low rates of preterm births, low birth weight babies, NICU admissions, and late prenatal care initiation. Measures of child and infant mortality are comparable to the statewide average.

Substance Use

Moderate Need: Measures of maternal substance use disorder and neonatal abstinence syndrome are low in Bradford County. There is room to improve availability of Buprenorphine practitioners and prevalence of alcohol use disorder.

Socioeconomic Status

Moderate Need: While indicators such as teen birth remain high in Bradford County, this measure has declined substantially since the 2014 Needs Assessment. Measures of poverty, income inequality, and teens not in school are near the average across all counties.

Child Safety & Maltreatment

Elevated Need: Investments in programs to alleviate societal and economic challenges, and to support parents, are needed to promote the safety and well-being of women, infants, and children in Bradford County.

Child Care

Low Need: This rural county provides high quality child care and pre-K to many families and has a high percentage of regulated child care providers meeting high-quality standards.

Community Environment

Low Need: Bradford County residents have access to multiple hospitals, primary care providers, SNAP authorized stores, and libraries. Efforts to increase access to community health centers and pediatric dental care providers are warranted.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Nurse–Family Partnership: 93

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
93 funded slots*

Change in funded capacity from SFY 16/17:
5 additional slots funded

Number of families eligible for home visiting in county:
1,662

**Percentage of eligible families served by home visiting:**
6%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Bucks
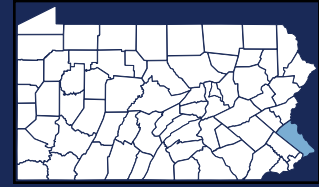
URBAN	TOTAL POPULATION:	POPULATION UNDER 4:	MEDIAN HOUSEHOLD INCOME:
	64,227	30,802	$86,055

DOMAINS

Maternal & Child Health

Low Need: Bucks has a number of favorable maternal and child health measures, including low rates of infant and child mortality, and low rates of maternal depression among publicly insured mothers with young children.

Substance Use

Moderate Need: Postpartum opioid use and tobacco use during pregnancy are low in Bucks, while there is room to improve the overall rate of substance use disorder among pregnant and new mothers.

Socioeconomic Status

Moderate Need: Rates of poverty, unemployment, and teen births are low in Bucks while rates of income equality and renters who are cost burdened remain high.

Child Safety & Maltreatment

Low Need: Bucks fares well compared to other counties regarding the safety and well-being of pregnant and parenting families with young children.

Child Care

Moderate Need: Bucks provides subsidized child care to many young children. A focus is needed to increase the percentage of young children in low-income families with access to publicly-funded, high quality pre-K.

Community Environment

Elevated Need: Primary care providers are important community assets in Bucks. Efforts to improve access to SNAP and WIC-authorized stores, and community health centers are needed.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Healthy Families America: 35
Parents as Teachers: 100

MIECHV-funded:
No

Total SFY 19/20 state/federal funded capacity:
135 funded slots*

Change in funded capacity from SFY 16/17:
60 additional slots funded

Number of families eligible for home visiting in county:
7,236

Percentage of eligible families served by home visiting:
2%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

Childcare icon by Andrew Doane from Noun Project; Pennsylvania icon by freevectormaps.com.

October 2020

County Profile:

Butler

RURAL

TOTAL POPULATION:
187,888

POPULATION UNDER 4:
9,557

MEDIAN HOUSEHOLD INCOME:
$68,472

DOMAINS

Maternal & Child Health

Moderate Need: Butler County has low rates of infant and child mortality and low-birth weight babies. There is room to improve the percentage of publicly insured children who receive the recommended amount of well-child visits.

Substance Use

Moderate Need: Prenatal tobacco use is low in Butler County. Efforts are needed to address high overdose rates and maternal substance use disorder.

Socioeconomic Status

Low Need: Compared to other counties, Butler has low rates of poverty, unemployment, teens not in school, teen births and mothers without a high school diploma.

Child Safety & Maltreatment

Low Need: Measures of safety and well-being among pregnant and parenting families with young children are favorable overall in Butler County.

Child Care

Low Need: Butler provides subsidized child care to a high percentage of eligible young children. Measures of access to publicly funded, high-quality pre-K and the number of regulated child care providers are comparable to the statewide average.

Community Environment

Moderate Need: There are low rates of juvenile arrests and low-income and low-access census tracts in Butler County. There is opportunity to improve the availability of hospitals and community health centers.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Parents as Teachers: 5

MIECHV-funded:
No

Total SFY 19/20 state/federal funded capacity:
5 funded slots*

Change in funded capacity from SFY 16/17:
3 additional slots funded

Number of families eligible for home visiting in county:
2,907

Percentage of eligible families served by home visiting:
Not able to be calculated**

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

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**Percentage of eligible families served not calculated for counties with less than 20 funded slots

October 2020

County Profile:

Cambria
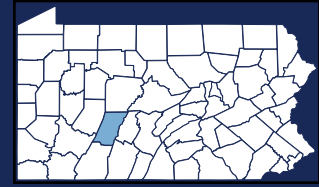
RURAL

TOTAL POPULATION:
131,730

POPULATION UNDER 4:
6,551

MEDIAN HOUSEHOLD INCOME:
$45,901

DOMAINS

Maternal & Child Health

● **Elevated Need:** In Cambria County, preterm birth rates have declined considerably in recent years. Efforts are needed to address high rates of low birth weight babies and infant and child morality.

Substance Use

● **Elevated Need:** Although Cambria has better access to substance treatment facilities than other counties, prevention and treatment efforts are warranted to address high rates of opioid and substance use for families with young children.

Socioeconomic Status

● **Elevated Need:** Cambria has low rates of teens not in school and mothers without a high school diploma. Other indicators, including poverty, child poverty and child food insecurity, are higher than other counties in Pennsylvania.

Child Safety & Maltreatment

● **Moderate Need:** Cambria County's measures of safety and well-being for pregnant and parenting families of young children are comparable to the statewide average.

Child Care

● **Moderate Need:** Cambria has a high number of regulated child care providers. There is room to increase the percentage of children receiving high-quality subsidized child care.

Community Environment

● **Moderate Need:** Hospitals, primary care physicians, libraries and SNAP-authorized stores are all highly available in Cambria County. A focus is needed to improve pediatric dental care access and lead exposure.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Nurse–Family Partnership: 106

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
106 funded slots*

Change in funded capacity from SFY 16/17:
27 additional slots funded

Number of families eligible for home visiting in county:
3,656

**Percentage of eligible families served by home visiting:**
3%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

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October 2020

County Profile:

Cameron
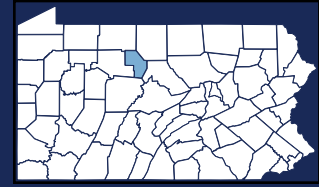
RURAL

TOTAL POPULATION:
4,492

POPULATION UNDER 4:
244

MEDIAN HOUSEHOLD INCOME:
$41,485

DOMAINS

Maternal & Child Health

Moderate Need: Cameron has low rates of low birth weight infants and infant and child mortality. There is room to improve NICU admission rates, breastfeeding at hospital discharge and well-child visits.

Substance Use

Moderate Need: Although Cameron has better access to substance treatment facilities than other counties, the county has high rates of postpartum opioid use and low availability of mental health treatment facilities.

Socioeconomic Status

Elevated Need: In Cameron County, efforts are needed to address high rates of child poverty, unemployment, teen birth and child food insecurity.

Child Safety & Maltreatment

Moderate Need: Cameron fares well overall in terms of the safety and well-being of children in their families. Opportunities to protect women and prevent domestic violence are warranted.

Child Care

Low Need: Cameron has high percentages of high-quality regulated child care providers and young children receiving subsidized, high-quality child care.

Community Environment

Elevated Need: SNAP- and WIC-authorized stores, community health centers and libraries are all highly available in Cameron County. A focus is needed to decrease juvenile arrests and increase access to medical and pediatric dental care.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Parents as Teachers: 63

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
63 funded slots*

Change in funded capacity from SFY 16/17:
No change

Number of families eligible for home visiting in county:
172

**Percentage of eligible families served by home visiting:**
37%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Carbon
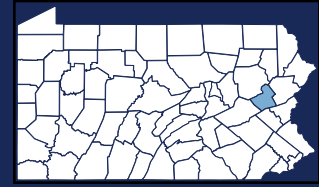
RURAL	TOTAL POPULATION:	POPULATION UNDER 4:	MEDIAN HOUSEHOLD INCOME:
	64,227	2,955	$58,624

DOMAINS

Maternal & Child Health

Moderate Need: Carbon has struggled historically with adverse maternal and infant outcomes. Since the 2014 Needs Assessment, indicators such as infant mortality and preterm birth improved substantively.

Substance Use

Moderate Need: Carbon County has above average numbers of mental health treatment facilities and providers authorized to treat opioid-use disorder, while rates of opioid- and substance-use disorder remain high for pregnant and postpartum women.

Socioeconomic Status

Moderate Need: While Carbon fares well in terms of income distribution, child poverty, unemployment, and affordable housing are significant areas of community need.

Child Safety & Maltreatment

Elevated Need: Investments in programs to alleviate societal and economic challenges, and to support parents, are needed to promote the safety and well-being of women, infants, and children in Carbon County.

Child Care

Elevated Need: Carbon County has moderate amounts of regulated child care providers, however, families with young children face significant challenges in accessing high quality, affordable child care and pre-K.

Community Environment

Elevated Need: Community investments such as pediatric mobile dental clinics have aimed to offset challenges to preventive health care facing families in rural Carbon County.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Nurse–Family Partnership: 2

MIECHV-funded:
No

Total SFY 19/20 state/federal funded capacity:
2 funded slots*

Change in funded capacity from SFY 16/17:
No change

Number of families eligible for home visiting in county:
1,569

Percentage of eligible families served by home visiting:
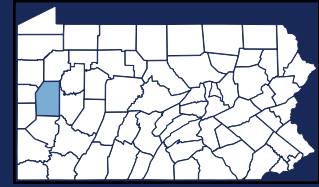Not able to be calculated**

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.
**Percentage of eligible families served not calculated for counties with less than 20 funded slots

October 2020

County Profile:

Centre

| URBAN | TOTAL POPULATION: 162,805 | POPULATION UNDER 4: 6,697 | MEDIAN HOUSEHOLD INCOME: $58,055 |

DOMAINS

Maternal & Child Health

Low Need: In Centre County, the rate of infants born preterm, low birth weight and infants admitted to the NICU are all low compared to other counties.

Substance Use

Moderate Need: Rates of unemployment, teen births, child food insecurity and child poverty are low in Centre County, while income inequality and poverty overall are high.

Socioeconomic Status

Moderate Need: Rates of unemployment, teen births, child food insecurity and child poverty are low in Centre County, while income inequality and poverty overall are high.

Child Safety & Maltreatment

Low Need: Centre fares well overall in terms of the safety and well-being of children in their families. Opportunities to protect the safety and well-being of pregnant and postpartum mothers are warranted.

Child Care

Low Need: Centre County has a high number of regulated child care providers and a high percentage of children receiving high-quality subsidized child care. There is room to increase overall access to subsidized child care and publicly funded, high-quality pre-K.

Community Environment

Low Need: Compared to other counties, Centre has low crime rates and low lead exposure in children. A focus is needed to improve the availability of libraries and SNAP- and WIC-authorized stores for Centre County residents.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Nurse–Family Partnership: 60
Parents as Teachers: 80

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
140 funded slots*

Change in funded capacity from SFY 16/17:
80 additional slots funded

Number of families eligible for home visiting in county:
2,649

Percentage of eligible families served by home visiting:
5%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Chester

URBAN

TOTAL POPULATION:
522,046

POPULATION UNDER 4:
29,246

MEDIAN HOUSEHOLD INCOME:
$96,726

DOMAINS

Maternal & Child Health

Moderate Need: Compared to other counties in the Commonwealth, Chester County's rates of low birthweight infants and maternal depression among publicly insured women are both low. NICU admissions, preterm birth and infant mortality are all comparable to the statewide average.

Substance Use

Low Need: In Chester County, rates of neonatal abstinence syndrome, prenatal tobacco use, maternal substance use disorder and postpartum high-risk opioid use are all low compared to other counties.

Socioeconomic Status

Moderate Need: Rates of unemployment, teen births, child food insecurity and child poverty are low in Chester County, while income inequality and the amount of renters who are cost burdened are both high compared to other counties.

Child Safety & Maltreatment

Low Need: Chester fares well overall in terms of the safety and well-being of pregnant and postpartum mothers, infants and young children in their families.

Child Care

Moderate Need: Chester County provides high-quality subsidized child care to a considerable percentage of eligible young children. There is room to increase the percentage of children who receive publicly funded, high-quality pre-K and the number of regulated child care providers.

Community Environment

Moderate Need: In Chester County, there is high availability of primary care providers and low rates of juvenile arrests. A focus is needed to improve environmental quality and the availability of libraries and SNAP- and WIC-authorized stores.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Nurse–Family Partnership: 150
Parents as Teachers: 250

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
400 funded slots*

Change in funded capacity from SFY 16/17:
150 additional slots funded

Number of families eligible for home visiting in county:
7,534

Percentage of eligible families served by home visiting:
5%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Clarion
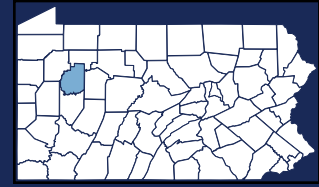
RURAL	TOTAL POPULATION: 38,779	POPULATION UNDER 4: 1,891	MEDIAN HOUSEHOLD INCOME: $45,625

DOMAINS

Maternal & Child Health

Moderate Need: Compared to other counties in Pennsylvania, Clarion has low rates of NICU admissions and low birthweight infants. Efforts are needed to decrease infant mortality rates and to increase breastfeeding at hospital discharge.

Substance Use

Moderate Need: Clarion County's overall overdose rate is low compared to other counties. There is room to improve high rates of maternal substance use disorder and availability of substance treatment facilities.

Socioeconomic Status

Moderate Need: Poverty, child food insecurity and mothers without high school diploma are all areas of community need in Clarion. Measures of child poverty, income inequality and unemployment are comparable to the statewide average.

Child Safety & Maltreatment

Moderate Need: Clarion County's measures of safety and well-being for pregnant and parenting families of young children are comparable to the statewide average.

Child Care

Moderate Need: Clarion County provides high-quality, publicly funded pre-K to many young children. There are opportunities to increase the percentage of children receiving subsidized child care and the percentage of regulated child care providers meeting high-quality standards.

Community Environment

Low Need: The landscape of Clarion County provides availability to numerous community health centers, libraries and SNAP- and WIC-authorized stores. It also fares well in measures of environmental quality and crime.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Early Head Start: 25
Parents as Teachers: 17

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
42 funded slots*

Change in funded capacity from SFY 16/17:
2 additional slots funded

Number of families eligible for home visiting in county:
1,074

**Percentage of eligible families served by home visiting:**
4%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Clearfield
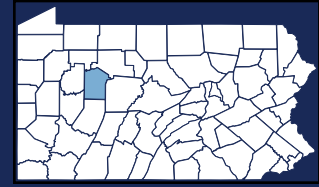
RURAL	TOTAL POPULATION:	POPULATION UNDER 4:	MEDIAN HOUSEHOLD INCOME:
	79,388	3,738	$47,270

DOMAINS

Maternal & Child Health

Moderate Need: Clearfield County has low preterm birth rates, while other maternal and infant health measures such as NICU admissions and maternal depression among publicly insured women remain high.

Substance Use

Moderate Need: Clearfield County's overall rates of overdose and opioid-related hospitalizations are low compared to other counties. There is room to improve high rates of prenatal tobacco use and postpartum high-risk opioid use.

Socioeconomic Status

Elevated Need: Although rates of child poverty and teen birth have both improved in recent years, these measures, in addition to child food insecurity, remain high compared to other Pennsylvania counties.

Child Safety & Maltreatment

Elevated Need: Investments in programs to alleviate societal and economic challenges, and to support parents, are needed to promote the safety and well-being of women, infants and children in Clearfield County.

Child Care

Moderate Need: Clearfield County provides high-quality, publicly funded pre-K to many young children and has a high number of regulated child care providers. A focus is needed to increase the percentage of regulated child care providers meeting high-quality standards.

Community Environment

Elevated Need: The landscape of Clearfield County provides availability to WIC-authorized stores and better environmental quality compared to other counties. Efforts are needed to increase availability of pediatric dentists and to decrease crime rates.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Nurse–Family Partnership: 29
Parents as Teachers: 153

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
182 funded slots*

Change in funded capacity from SFY 16/17:
39 additional slots funded

Number of families eligible for home visiting in county:
2,157

Percentage of eligible families served by home visiting:
8%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.
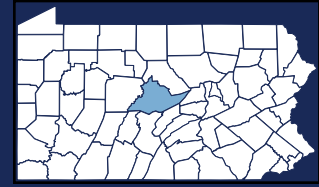
*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Clinton
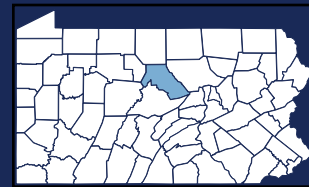
RURAL

TOTAL POPULATION:
38,684

POPULATION UNDER 4:
2,143

MEDIAN HOUSEHOLD INCOME:
$49,234

DOMAINS

Maternal & Child Health

Moderate Need: Compared to other Pennsylvania counties, Clinton has low rates of preterm birth, low birth weight infants, and infant and child mortality. There is opportunity to improve rates of maternal depression among publicly insured women.

Substance Use

Elevated Need: Clinton County has a high number of Buprenorphine practitioners and low overall rates of overdoses, opioid-related hospitalizations and neonatal abstinence syndrome. This rural county struggles with low availability to substance treatment facilities and high rates of postpartum high-risk opioid use.

Socioeconomic Status

Elevated Need: Clinton's teen birth rate has improved in recent years, while other measures such as poverty, unemployment and child food insecurity remain high compared to other Pennsylvania counties.

Child Safety & Maltreatment

Moderate Need: Clinton County's measures of safety and well-being for pregnant and parenting families of young children are comparable to the statewide average.

Child Care

Elevated Need: Clinton County provides high-quality subsidized child care to many young children and has a high number of regulated child care providers meeting high-quality standards. A focus is needed to increase access to publicly-funded, high-quality pre-K and subsidized child care overall.

Community Environment

Moderate Need: There are few juvenile arrests and low-income and low-access census tracts in Clinton County. Efforts are needed to increase availability of pediatric dentists and community health centers.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Nurse–Family Partnership: 25
Early Head Start: 11
Parents as Teachers: 65

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
101 funded slots*

Change in funded capacity from SFY 16/17:
1 additional slot funded

Number of families eligible for home visiting in county:
1,301

Percentage of eligible families served by home visiting:
8%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Columbia

RURAL

TOTAL POPULATION:
65,456

POPULATION UNDER 4:
3,110

MEDIAN HOUSEHOLD INCOME:
$49,889

DOMAINS

Maternal & Child Health

Elevated Need: There is opportunity to improve Columbia's perinatal and infant health measures, including preterm birth, low birth weight, child mortality and maternal depression among publicly insured women.

Substance Use

Moderate Need: Overall, many of Columbia County's substance use indicators are comparable to the statewide average. Efforts to improve opioid-related hospitalizations and alcohol use disorder are warranted.

Socioeconomic Status

Moderate Need: Income inequality is high in Columbia County, while rates of teen births and receipt of SSI, Cash Assist or SNAP among households with children are low compared to other Pennsylvania counties.

Child Safety & Maltreatment

Elevated Need: Investments in programs to alleviate societal and economic challenges, and to support parents, are needed to promote the safety and well-being of women, infants and children in Columbia County.

Child Care

Low Need: Columbia County's child care landscape is favorable overall, with moderate numbers of regulated child care providers and access to affordable, high-quality pre-K and child care.

Community Environment

Low Need: There are few low-income or low-access census tracts in Columbia County and the availability of community resources including hospitals, primary care providers and community health centers is comparable to the statewide average.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Nurse–Family Partnership: 54
Parents as Teachers: 181

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
235 funded slots*

Change in funded capacity from SFY 16/17:
109 additional slots funded

Number of families eligible for home visiting in county:
1,622

**Percentage of eligible families served by home visiting:**
15%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Crawford
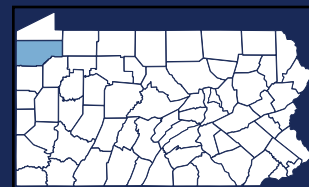
| **RURAL** | **TOTAL POPULATION:** 85,063 | **POPULATION UNDER 4:** 4,867 | **MEDIAN HOUSEHOLD INCOME:** $49,144 |

DOMAINS

Maternal & Child Health

Moderate Need: Crawford County's rates of NICU admissions and preterm births are low, while there is room to improve other measures of maternal and child health, including maternal depression among publicly insured women and early prenatal care initiation.

Substance Use

Moderate Need: Crawford County has high availability of mental health treatment facilities and a low rate of opioid overdose-related hospitalizations. Efforts to support parents with substance use disorder e are warranted.

Socioeconomic Status

Moderate Need: Rates of poverty, income inequality, unemployment and child food insecurity in Crawford are comparable to the statewide average. Although high compared to other counties, teen birth and child poverty rates have improved substantively in recent years.

Child Safety & Maltreatment

Elevated Need: Investments in programs to alleviate societal and economic challenges, and to support parents, are needed to promote the safety and well-being of women, infants and children in Crawford County.

Child Care

Low Need: Crawford County's child care landscape is favorable overall, with high percentages of regulated child care providers meeting high-quality standards, children receiving high quality child care and children with access to publicly funded, high quality pre-K.

Community Environment

Moderate Need: Access to resources in Crawford such as SNAP- and WIC-authorized stores, hospitals and libraries are comparable to the statewide average. A focus is needed to improve access and availability of pediatric dental care and lead exposure in children.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Parents as Teachers: 44

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
44 funded slots*

Change in funded capacity from SFY 16/17:
2 additional slots funded

Number of families eligible for home visiting in county:
2,783

**Percentage of eligible families served by home visiting:**
2%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Cumberland
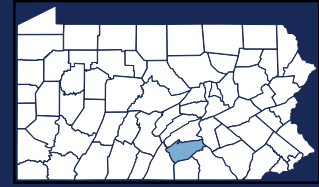
URBAN	TOTAL POPULATION:	POPULATION UNDER 4:	MEDIAN HOUSEHOLD INCOME:
	251,423	13,570	$68,895

DOMAINS

Maternal & Child Health

Low Need: Cumberland County has low rates of low birth weight infants and maternal depression among publicly insured women. There is opportunity to improve the rate of infant mortality and NICU admissions.

Substance Use

Low Need: Compared to other counties, Cumberland has low rates of multiple substance use measures including postpartum high-risk opioid use, neonatal abstinence syndrome, opioid overdose-related hospitalizations and prenatal tobacco use.

Socioeconomic Status

Low Need: Cumberland County's socioeconomic indicators are favorable overall, with low rates of child poverty and poverty overall, income inequality, unemployment, teen births and child food insecurity.

Child Safety & Maltreatment

Low Need: Cumberland fares well overall in terms of the safety and well-being of children in their families. Opportunities to protect the safety and well-being of pregnant and postpartum mothers are warranted.

Child Care

Moderate Need: Cumberland County provides high-quality, subsidized child care to many eligible young children. A focus is needed to increase the percentage of children with access to publicly funded, high-quality pre-K.

Community Environment

Moderate Need: The landscape of Cumberland County provides better availability of primary care providers and lower rates of crime and juvenile arrests than other counties. Efforts are needed to increase availability of community health centers, libraries, and SNAP- and WIC-authorized stores.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Nurse–Family Partnership: 85

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
85 funded slots*

Change in funded capacity from SFY 16/17:
49 additional slots funded

Number of families eligible for home visiting in county:
4,916

**Percentage of eligible families served by home visiting:**
2%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Dauphin
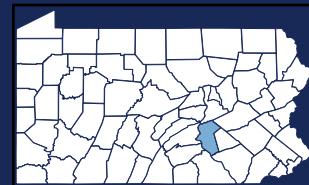
URBAN

TOTAL POPULATION:
277,097

POPULATION UNDER 4:
2,955

MEDIAN HOUSEHOLD INCOME:
$58,916

DOMAINS

Maternal & Child Health

Elevated Need: Dauphin County has elevated rates of preterm birth, low birth weight births, and infant and child mortality. Breastfeeding initiation rates remain strong.

Child Safety & Maltreatment

Moderate Need: Measures of safety and well-being among pregnant and parenting families with young children are comparable to the statewide average in Dauphin County. Opportunities to protect the safety and well-being of young children are warranted.

Substance Use

Moderate Need: Measures of substance use are average overall in Dauphin County. There is room to address impaired driving and opioid use.

Child Care

Moderate Need: Availability of child care and early childhood education programs in Dauphin County are comparable to statewide averages. Opportunities to invest in high-quality subsidized child care are warranted.

Socioeconomic Status

Moderate Need: Rates of poverty, unemployment, and child food insecurity are average in Dauphin County, while income inequality and teen births are elevated.

Community Environment

Moderate Need: There are adequate SNAP-authorized stores and access to health care. A focus is needed to improve access to libraries and transportation, and overall environmental quality.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Early Head Start: 40
Nurse–Family Partnership: 177
Parents as Teachers: 100

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
317 funded slots*

Change in funded capacity from SFY 16/17:
37 additional slots funded

Number of families eligible for home visiting in county:
9,782

Percentage of eligible families served by home visiting:
3%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

Childcare icon by Andrew Doane from Noun Project; Pennsylvania icon by freevectormaps.com.

October 2020

County Profile:

Delaware

URBAN	TOTAL POPULATION:	POPULATION UNDER 4:	MEDIAN HOUSEHOLD INCOME:
	564,751	33,746	$71,539

DOMAINS

Maternal & Child Health

Elevated Need: Delaware County does well in addressing breastfeeding rates. Efforts are needed to address early prenatal care, pre-term births and low birth weight babies.

Substance Use

Moderate Need: Measures of substance use are average overall in Delaware County. There is room to improve in addressing opioid overdose deaths and hospitalizations.

Socioeconomic Status

Moderate Need: In Delaware County, rates of unemployment, child food insecurity, and child poverty are lower than the statewide average, while income inequality and rent burdens remain elevated.

Child Safety & Maltreatment

Low Need: Measures of safety and well-being among pregnant and parenting families with young children are favorable overall in Delaware County. Opportunities to address abuse against pregnant and postpartum women are warranted.

Child Care

Low Need: Compared to other counties, Delaware has sufficient resources for child care and early childhood education.

Community Environment

Moderate Need: Availability of hospitals, libraries and SNAP- and WIC-authorized stores Delaware County is comparable to statewide averages. A focus is needed to improve environmental quality and address crime and residential segregation.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Nurse–Family Partnership: 180
Healthy Families America: 58
Parents as Teacher: 20

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
258 funded slots*

Change in funded capacity from SFY 16/17:
73 additional slots funded

Number of families eligible for home visiting in county:
12,665

**Percentage of eligible families served by home visiting:**
2%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

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October 2020

County Profile:

Elk
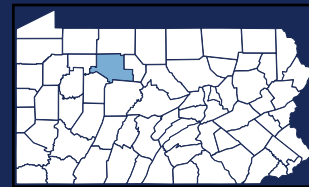
RURAL

TOTAL POPULATION:
30,169

POPULATION UNDER 4:
1,598

MEDIAN HOUSEHOLD INCOME:
$51,112

DOMAINS

Maternal & Child Health

Low Need: Elk County residents experience lower rates of preterm and low birth weight births. Efforts are needed to increase breastfeeding rates and improve well-child visit adherence.

Substance Use

Elevated Need: Investments in programs to decrease prenatal tobacco use and neonatal abstinence syndrome are needed in Elk County. An increase in Buprenorphine prescribing physicians would assist in this effort.

Socioeconomic Status

Low Need: Compared to other counties, Elk has lower rates of poverty, income inequality, mothers without a high school diploma and cost-burdened renters.

Child Safety & Maltreatment

Elevated Need: Investments in programs to alleviate child maltreatment, intimate partner violence, domestic-violence related deaths, and childhood injury are needed to promote the safety and well-being of women, infants and children in Elk County.

Child Care

Moderate Need: Availability of child care and early childhood education programs in Elk County are comparable to statewide averages. Opportunities to invest in helping child care providers meet high-quality standards are warranted.

Community Environment

Low Need: SNAP- and WIC-authorized stores, health care and libraries are all widely available in Elk County. A focus is needed to address residential segregation and increase access to pediatric dental care.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Parents as Teachers: 3

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
3 funded slots*

Change in funded capacity from SFY 16/17:
decrease of 2 funded slots

Number of families eligible for home visiting in county:
747

Percentage of eligible families served by home visiting:
Not able to be calculated**

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.
**Percentage of eligible families served not calculated for counties with less than 20 funded slots

October 2020

County Profile:

Erie
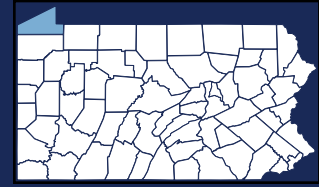
| URBAN | TOTAL POPULATION: 272,061 | POPULATION UNDER 4: 15,661 | MEDIAN HOUSEHOLD INCOME: $49,716 |

DOMAINS

Maternal & Child Health

Moderate Need: Rates of preterm and low birth weight births, child mortality and well-child visit adherence were comparable to statewide averages. Efforts are needed to increase breastfeeding rates, decrease infant mortality and address postpartum depression.

Substance Use

Moderate Need: Measures of substance use are average overall in Erie County. There is room to decrease opioid use and opioid-related hospitalizations.

Socioeconomic Status

Elevated Need: Investments in programs to alleviate poverty, income inequality, rent burdens and child food insecurity are needed to improve socioeconomic conditions in Erie County

Child Safety & Maltreatment

Moderate Need: Measures of safety and well-being among pregnant and parenting families with young children in Erie County are comparable to statewide averages. Opportunities to prevent child injuries are warranted.

Child Care

Low Need: Compared to other counties, Erie has sufficient resources for child care and early childhood education.

Community Environment

Moderate Need: While Erie has a higher than average number of hospitals and primary care providers, there is also a higher than average concentration of zip codes with low food access and low-income families. Access to libraries and transportation remains an elevated need, as does addressing residential segregation.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Nurse–Family Partnership: 100
Parents as Teachers: 205

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
305 funded slots*

Change in funded capacity from SFY 16/17:
110 additional slots funded

Number of families eligible for home visiting in county:
9,471

**Percentage of eligible families served by home visiting:**
3%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Fayette
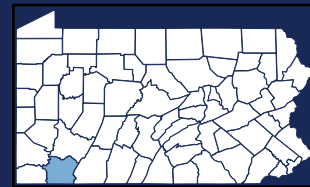
RURAL

TOTAL POPULATION:
130,441

POPULATION UNDER 4:
6,687

MEDIAN HOUSEHOLD INCOME:
$44,476

DOMAINS

Maternal & Child Health

Elevated Need: Fayette County residents experience elevated rates of preterm and low birth weight births, higher than average infant and child mortality and lower breastfeeding rates. The county has done well in addressing early prenatal care initiation.

Substance Use

Elevated Need: Investments in programs to alleviate postpartum high-risk opioid use, neonatal abstinence syndrome and prenatal tobacco use are needed to decrease the effects of substance use in Fayette County. An increase in the number of Buprenorphine prescribing physicians will aid in this effort.

Socioeconomic Status

Elevated Need: Investments in programs to alleviate poverty, income inequality, unemployment, teen birth rates and child food insecurity are needed to improve socioeconomic conditions in Fayette County.

Child Safety & Maltreatment

Elevated Need: Investments in programs to reduce child maltreatment, childhood injuries, intimate partner violence, and domestic violence-related deaths are needed to promote the safety and well-being of women, infants and children in Fayette County.

Child Care

Moderate Need: Availability of child care and early childhood education programs in Fayette County are comparable to statewide averages. Opportunities to invest in increasing the number and capacity of regulated child care providers is warranted.

Community Environment

Elevated Need: Compared to other counties, Fayette has low lead exposure in children. Fayette County has low health care availability, including access to primary care physicians and hospitals, lower rates of car ownership and higher crime rates than statewide averages.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Nurse–Family Partnership: 130

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
130 funded slots*

Change in funded capacity from SFY 16/17:
decrease by 5 funded slots

Number of families eligible for home visiting in county:
3,982

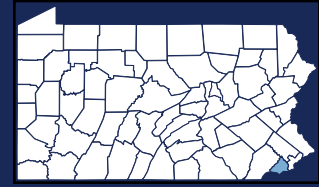**Percentage of eligible families served by home visiting:**
3%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Forest
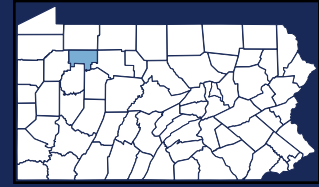
RURAL

TOTAL POPULATION:
7,279

POPULATION UNDER 4:
161

MEDIAN HOUSEHOLD INCOME:
$38,383

DOMAINS

Maternal & Child Health

Elevated Need: Forest County residents experience elevated rates of preterm birth, low birth weight births and NICU admissions. Infant and child mortality rates are lower than average compared to other counties in the state.

Substance Use

Low Need: Postpartum high-risk opioid use and postpartum substance use disorder are elevated in Forest County. Rates of overdose deaths and alcohol use are lower than statewide averages.

Socioeconomic Status

Elevated Need: Investments in programs to alleviate poverty, unemployment, teen birth rates and child food insecurity are needed to improve socioeconomic conditions in Forest County.

Child Safety & Maltreatment

Elevated Need: Investments in programs to reduce child maltreatment, intimate partner violence, and infant and childhood injury are needed to promote the safety and well-being of women, infants and children in Forest County.

Child Care

Elevated Need: There are opportunities to increase the percentage of children receiving subsidized child care, the number of childcare providers and the percentage of regulated child care providers meeting high-quality standards.

Community Environment

Elevated Need: Forest County has higher than average access to libraries, high levels of car ownership and access to SNAP- and WIC-authorized stores. The county also has low access to health care, including hospitals, primary care physicians, dentists and community health centers.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Early Head Start: 4
Parents as Teachers: 3

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
7 funded slots*

Change in funded capacity from SFY 16/17:
4 additional slots

Number of families eligible for home visiting in county:
104

**Percentage of eligible families served by home visiting:**
Not able to be calculated**

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.
**Percentage of eligible families served not calculated for counties with less than 20 funded slots

October 2020

County Profile:

Franklin
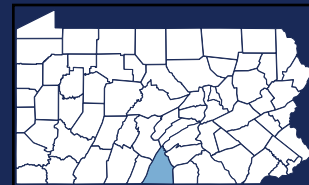
RURAL	TOTAL POPULATION:	POPULATION UNDER 4:	MEDIAN HOUSEHOLD INCOME:
	154,835	9.407	$59,713

DOMAINS

Maternal & Child Health

Moderate Need: Compared to other counties in the state, Franklin County has average rates of preterm and low birthweight births and NICU admissions. Efforts are needed to decrease infant and child mortality rates.

Substance Use

Low Need: Rates of postpartum high-risk opioid use and overdose rates are comparable to the statewide average. Tobacco use during pregnancy and alcohol and illicit drug use are lower than statewide average.

Socioeconomic Status

Moderate Need: Compared to statewide averages, rates of poverty and unemployment are lower in Franklin County, while the rate of mothers without a high school diploma is elevated.

Child Safety & Maltreatment

Low Need: Measures of safety and well-being among pregnant and parenting families with young children are favorable overall in Franklin County.

Child Care

Elevated Need: There are opportunities to increase the percentage of children receiving subsidized child care, the percentage of regulated child care providers meeting high-quality standards, and the percentage of children with access to publicly funded high-quality pre-K.

Community Environment

Low Need: Compared to other counties, Franklin County has comparable access to community services and environmental quality. A focus is needed in increase access to SNAP- and WIC-authorized stores and pediatric dentists.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Nurse–Family Partnership: 25

MIECHV-funded:
No

Total SFY 19/20 state/federal funded capacity:
25 funded slots*

Change in funded capacity from SFY 16/17:
decrease by 10 funded slots

Number of families eligible for home visiting in county:
4,551

Percentage of eligible families served by home visiting:
1%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

Childcare icon by Andrew Doane from Noun Project; Pennsylvania icon by freevectormaps.com.

October 2020

County Profile:

Fulton

RURAL

TOTAL POPULATION:
14,523

POPULATION UNDER 4:
723

MEDIAN HOUSEHOLD INCOME:
$51,259

DOMAINS

Maternal & Child Health

Moderate Need: Fulton County has rates of low birth weight births and postpartum depression comparable to the statewide average. Efforts are needed to address preterm birth rates, and infant and child mortality.

Substance Use

Low Need: Measures of substance use are favorable overall in Fulton County. Rates of postpartum elevated-risk opioid use and overdose rates are low.

Socioeconomic Status

Moderate Need: Rates of unemployment, child food insecurity, and poverty are comparable to statewide averages, while teen birth rates are elevated.

Child Safety & Maltreatment

Moderate Need: Measures of safety and well-being among pregnant and parenting families with young children in Fulton County are comparable to the statewide average. Opportunities to decrease intimate partner violence and infant injuries are warranted.

Child Care

Moderate Need: Availability of childcare and early childhood education programs in Fulton County are comparable to statewide averages. Opportunities to invest in the number of regulated child care providers are warranted.

Community Environment

Low Need: Overall, Fulton County has adequate access to community services. Efforts are needed to increase availability of pediatric dentists and primary care physicians.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Parents as Teachers: 75

MIECHV-funded:
No

Total SFY 19/20 state/federal funded capacity:
75 funded slots*

Change in funded capacity from SFY 16/17:
35 additional slots funded

Number of families eligible for home visiting in county:
449

**Percentage of eligible families served by home visiting:**
17%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Greene
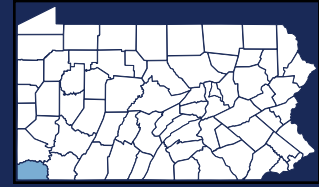
RURAL

TOTAL POPULATION:
36,506

POPULATION UNDER 4:
1,939

MEDIAN HOUSEHOLD INCOME:
$54,121

DOMAINS

Maternal & Child Health

Elevated Need: There is opportunity to improve upon Greene County's maternal and child health measures, including preterm birth, low birth weight births, breastfeeding and maternal depression among publicly insured women.

Substance Use

Moderate Need: Measures of substance use are average overall in Greene County. There is room to decrease postpartum high-risk opioid use, neonatal abstinence syndrome, and pregnancy and postpartum substance use disorder.

Socioeconomic Status

Elevated Need: Investments in programs to alleviate high teen birth rates, child food insecurity, and elevated rates of mothers without a high school diploma are needed to improve socioeconomic conditions in Greene County.

Child Safety & Maltreatment

Elevated Need: Investments in programs to reduce child maltreatment, intimate partner violence, domestic-violence related deaths, childhood injury, and substance use are needed to promote the safety and well-being of women, infants and children in Greene County.

Child Care

Moderate Need: Availability of child care and early childhood education programs in Greene County are comparable to statewide averages. Opportunities to invest in helping child care providers meeting high-quality standards and increase the percentage of children receiving subsidized child care are warranted.

Community Environment

Low Need: Overall, Greene County has good access to community services and high environmental quality. Efforts are needed to increase availability of pediatric dentists and hospitals.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Nurse–Family Partnership: 20
Parents as Teachers: 138

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
158 funded slots*

Change in funded capacity from SFY 16/17:
63 additional funded slots

Number of families eligible for home visiting in county:
858

**Percentage of eligible families served by home visiting:**
18%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Huntingdon
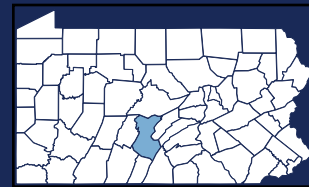
RURAL

TOTAL POPULATION:
45,168

POPULATION UNDER 4:
2,033

MEDIAN HOUSEHOLD INCOME:
$48,597

DOMAINS

Maternal & Child Health

Moderate Need: Huntingdon County does well in addressing NICU admissions. There is opportunity to improve upon low birth weight births and infant and child mortality.

Substance Use

Moderate Need: Measures of substance use are average overall in Huntingdon County. There is room to decrease maternal prenatal tobacco use and increase access to substance treatment facilities.

Socioeconomic Status

Moderate Need: Rates of poverty, teen births, child food insecurity, and child poverty in Huntingdon County are comparable to statewide averages, while unemployment rates remain elevated.

Child Safety & Maltreatment

Elevated Need: Measures of safety and well-being among pregnant and parenting families with young children in Huntingdon County are comparable to statewide averages. Opportunities to protect the safety and well-being of young children are warranted.

Child Care

Elevated Need: Availability of child care and early childhood education programs in Huntingdon County are comparable to statewide averages. Opportunities to expand subsidized childcare are warranted.

Community Environment

Elevated Need: Huntingdon County has low crime rates and high environmental quality. Efforts are needed to increase access to health care providers, including primary care physicians, pediatric dentists and hospitals.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Nurse–Family Partnership: 82

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
82 funded slots*

Change in funded capacity from SFY 16/17:
No change

Number of families eligible for home visiting in county:
1,569

Percentage of eligible families served by home visiting:
7%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Indiana
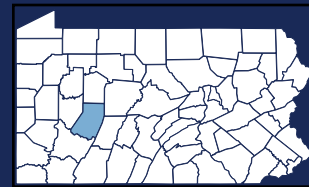
RURAL

TOTAL POPULATION:
84,501

POPULATION UNDER 4:
4,061

MEDIAN HOUSEHOLD INCOME:
$46,877

DOMAINS

Maternal & Child Health

Moderate Need: Indiana County's rates of NICU admissions and preterm births and low birth weight births are low, while there is room to improve other measures of maternal and child health, including early prenatal care initiation.

Substance Use

Moderate Need: Measures of substance use are average overall in Indiana County. There is room to decrease opioid use and overdose deaths, and increase access to substance treatment facilities.

Socioeconomic Status

Moderate Need: Rates of unemployment, child food insecurity, and child poverty Indiana County are comparable to statewide averages, while income inequality and poverty overall are elevated.

Child Safety & Maltreatment

Low Need: Indiana County fares well overall in terms of the safety and well-being of mothers and children.

Child Care

Moderate Need: Availability of child care and early childhood education programs in Indiana County are comparable to statewide averages. Opportunities to invest in increasing the number of regulated child care providers are warranted.

Community Environment

Moderate Need: Compared to other counties, Indiana has comparably average access to health care providers, including hospitals, community health centers and primary care physicians. A focus is needed to improve access libraries, pediatric dentists and transportation.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Parents as Teachers: 42

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
42 funded slots*

Change in funded capacity from SFY 16/17:
6 additional slots funded

Number of families eligible for home visiting in county:
2,253

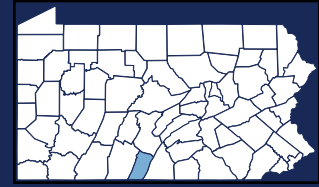**Percentage of eligible families served by home visiting:**
2%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Jefferson
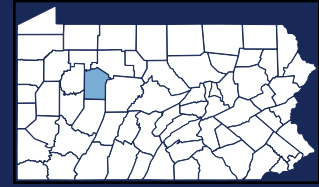
RURAL

TOTAL POPULATION:
43,631

POPULATION UNDER 4:
2,486

MEDIAN HOUSEHOLD INCOME:
$46,818

DOMAINS

Maternal & Child Health

Moderate Need: Jefferson County has low rates of preterm birth. There is opportunity to improve maternal depression among publicly insured women, NICU admissions and early initiation of prenatal care.

Substance Use

Low Need: Measures of substance use are average overall in Jefferson County. Rates of neonatal abstinence syndrome, prenatal tobacco use, and maternal substance use disorder are comparable to statewide averages.

Socioeconomic Status

Elevated Need: Investments in programs to alleviate child poverty, early high school exit and teen birth rates are needed to improve socioeconomic conditions in Jefferson County.

Child Safety & Maltreatment

Moderate Need: Jefferson County is comparable to statewide averages overall in terms of the safety and well-being of children in their families. Opportunities to protect against infant and childhood injury are warranted.

Child Care

Moderate Need: Availability of child care and early childhood education programs in Jefferson County are comparable to statewide averages. Opportunities to invest in increasing the number of child care providers and the percentage of regulated child care providers meeting high-quality standards are warranted.

Community Environment

Moderate Need: The landscape of Jefferson County provides comparable to statewide averages in availability of health care providers and lower rates of crime and juvenile arrest. Efforts are needed to decrease child lead exposure and increase access to car ownership.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Nurse–Family Partnership: 27
Early Head Start: 59

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
161 funded slots*

Change in funded capacity from SFY 16/17:
48 additional slots funded

Number of families eligible for home visiting in county:
1,624

**Percentage of eligible families served by home visiting:**
10%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Juniata
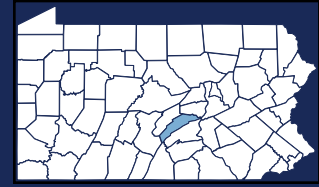
RURAL

TOTAL POPULATION:
24,704

POPULATION UNDER 4:
1,400

MEDIAN HOUSEHOLD INCOME:
$52,765

DOMAINS

Maternal & Child Health

Moderate Need: Juniata County has low rates of child mortality, and preterm and low-birth weight babies. There is room to improve the early initiation of prenatal care.

Substance Use

Low Need: Measures of substance use are favorable overall in Juniata County. Rates of neonatal abstinence syndrome, prenatal tobacco use and postpartum elevated-risk opioid use are all comparable to statewide average.

Socioeconomic Status

Moderate Need: Rates of unemployment, teen births, child food insecurity, and child poverty Juniata County are comparable to statewide averages, while early rates of high school exit and mothers without a high school diploma are elevated.

Child Safety & Maltreatment

Low Need: Measures of safety and well-being among pregnant and parenting families with young children are favorable overall in Juniata County.

Child Care

Elevated Need: There are opportunities to increase the percentage of children with access to publicly funded, high-quality pre-K, the percentage of children served by Child Care Works and the percentage of regulated child care providers meeting high-quality standards.

Community Environment

Elevated Need: Compared to statewide averages, Juniata County has lower rates of crime and juvenile arrests, but efforts to address lack of health care providers, WIC-authorized stores, libraries and transportation are warranted.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Nurse–Family Partnership: 8
Early Head Start: 20

MIECHV-funded:
No

Total SFY 19/20 state/federal funded capacity:
28 funded slots*

Change in funded capacity from SFY 16/17:
28 additional slots funded

Number of families eligible for home visiting in county:
798

Percentage of eligible families served by home visiting:
4%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Lackawanna
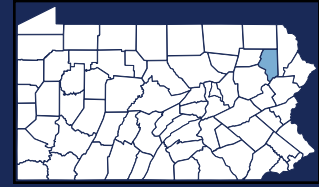
URBAN

TOTAL POPULATION:
210,793

POPULATION UNDER 4:
11,203

MEDIAN HOUSEHOLD INCOME:
$50,875

DOMAINS

Maternal & Child Health

● **Elevated Need:** Efforts are needed to address elevated rates of pre-term and low birth weight babies, as well as child mortality and low rates of breastfeeding at hospital discharge.

Child Safety & Maltreatment

● **Moderate Need:** Lackawanna County is comparable to the statewide average overall in terms of the safety and well-being of children in their families.

Substance Use

● **Elevated Need:** Investments in programs to alleviate postpartum high-risk opioid use, overdose hospitalizations and impaired driving are needed to decrease substance use in Lackawanna County.

Child Care

● **Moderate Need:** Availability of child care and early childhood education programs in Lackawanna County are comparable to statewide averages. Opportunities to invest in the number of regulated child care providers are warranted.

Socioeconomic Status

● **Moderate Need:** Rates of unemployment, teen births, child food insecurity, and child poverty in Lackawanna County are comparable to statewide averages, while income inequality and poverty overall are elevated.

Community Environment

● **Moderate Need:** Lackawanna County residents have access to health care services and libraries comparable to statewide averages. Efforts are needed to address high rates of crime, child lead exposure and residential segregation.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Nurse-Family Partnership: 88
Parents As Teachers: 81

Total SFY 19/20 state/federal funded capacity:
169 funded slots*

Change in funded capacity from SFY 16/17:
59 additional slots funded

Number of families eligible for home visiting in county:
6,284

Percentage of eligible families served by home visiting:
3%

MIECHV-funded:
No

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Lancaster
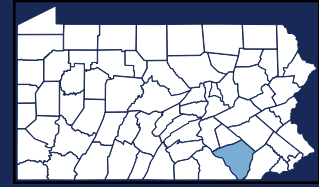
URBAN

TOTAL POPULATION:
543,557

POPULATION UNDER 4:
35,218

MEDIAN HOUSEHOLD INCOME:
$63,823

DOMAINS

Maternal & Child Health

Moderate Need: Lancaster's rates of low birth weight, preterm birth, and infant and child mortality are comparable to the statewide average. There is room to improve racial equity in low birth weight births and address lower rates of early prenatal care initiation.

Substance Use

Low Need: Measures of substance use are favorable overall in Lancaster County. Rates of postpartum elevated-risk opioid use, neonatal abstinence syndrome, prenatal tobacco use and, maternal substance use disorder are all lower than statewide averages.

Socioeconomic Status

Moderate Need: Rates of unemployment, child food insecurity, and child poverty in Lancaster County are lower than statewide averages, while rental cost burdens, rates of early high school exit and rate of mothers without a high school diploma are elevated.

Child Safety & Maltreatment

Low Need: Lancaster County fares well overall in terms of the safety and well-being of children in their families.

Child Care

Moderate Need: Availability of child care and early childhood education programs in Lancaster County are comparable to statewide averages. Opportunities to invest in the number of regulated child care providers and the percentage of children with access to publicly funded, high-quality pre-K are warranted.

Community Environment

Low Need: Compared to statewide averages, Lancaster County has comparable availability of health care providers, WIC-authorized stores, and crime and juvenile arrests. A focus is needed to improve environmental quality, library access and SNAP-authorized stores.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Nurse-Family Partnership: 276
Parents As Teachers: 81
Safe Care Augmented: 30

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
518 funded slots*

Change in funded capacity from SFY 16/17:
193 additional slots funded

Number of families eligible for home visiting in county:
17,290

**Percentage of eligible families served by home visiting:**
3%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.
**Percentage of eligible families served not calculated for counties with less than 20 funded slots

October 2020

County Profile:

Lawrence
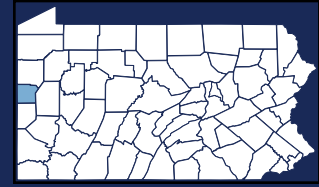
RURAL

TOTAL POPULATION:
86,184

POPULATION UNDER 4:
4,448

MEDIAN HOUSEHOLD INCOME:
$48,860

DOMAINS

Maternal & Child Health

Elevated Need: Lawrence County residents experience elevated levels of low birth weight and preterm births. Rates of breastfeeding at hospital discharge and infant well-child visits are comparable to statewide averages.

Substance Use

Elevated Need: Investments in programs to alleviate prenatal tobacco use, overdose deaths, opioid overdose hospitalizations, and pregnancy and postpartum substance use disorder are needed to decrease the effects of substance use in Lawrence County.

Socioeconomic Status

Moderate Need: Rates of unemployment, child food insecurity, and child poverty in Lawrence County are comparable to statewide averages, while income inequality and teen birth rates are elevated.

Child Safety & Maltreatment

Moderate Need: Measures of safety and well-being among pregnant and parenting families with young children in Lawrence County are comparable to statewide averages. Opportunities to protect against childhood injuries in young children and infants are warranted.

Child Care

Moderate Need: Availability of child care and early childhood education programs in Lawrence County are comparable to statewide averages. Opportunities to invest in the number of regulated child care providers is warranted.

Community Environment

Moderate Need: Compared to other counties, Lawrence County has comparable rates of crime, community health centers, car ownership and environmental quality. Efforts are needed to improve access to WIC-authorized stores, libraries and primary care physicians.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Nurse-Family Partnership: 80
Parents As Teachers: 89

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
169 funded slots*

Change in funded capacity from SFY 16/17:
decrease by 32 funded slots

Number of families eligible for home visiting in county:
2,444

**Percentage of eligible families served by home visiting:**
7%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.
*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Lebanon
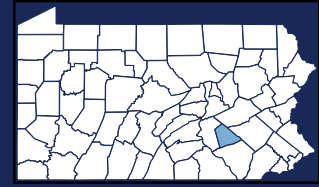
URBAN

TOTAL POPULATION:
141,314

POPULATION UNDER 4:
8,425

MEDIAN HOUSEHOLD INCOME:
$59,114

DOMAINS

Maternal & Child Health

Moderate Need: Early prenatal care initiation, preterm birth, and infant and child mortality are comparable to the statewide average. Efforts are needed to improve low birth weight births.

Child Safety & Maltreatment

Low Need: Lebanon County fares well overall in terms of the safety and well-being of children in their families. Opportunities to invest in programs that prevent abuse against pregnant and postpartum women are warranted.

Substance Use

Low Need: Measures of substance use are average overall in Lebanon County. Rates of neonatal abstinence syndrome, prenatal tobacco use, maternal substance use disorder and postpartum elevated-risk opioid use are all lower than statewide averages.

Child Care

Low Need: Compared to other counties, Lebanon has sufficient resources for child care and early childhood education.

Socioeconomic Status

Moderate Need: Rates of unemployment, child food insecurity, and poverty in Lebanon County are lower than statewide averages, while rates of early high school exit and mothers without high school diploma overall are elevated.

Community Environment

Moderate Need: Compared to other counties, Lebanon County has comparable access to health care professionals, libraries and transportation. Efforts are needed to decrease juvenile arrests and childhood lead exposure and increase SNAP-authorized stores.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Nurse-Family Partnership: 37

Total SFY 19/20 state/federal funded capacity:
37 funded slots*

Change in funded capacity from SFY 16/17:
12 additional slots funded

Number of families eligible for home visiting in county:
4,410

Percentage of eligible families served by home visiting:
1%

MIECHV-funded:
Yes

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Lehigh
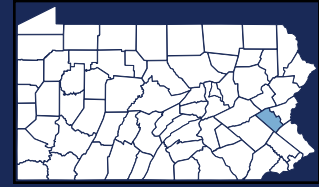
URBAN

TOTAL POPULATION:
368,100

POPULATION UNDER 4:
21,454

MEDIAN HOUSEHOLD INCOME:
$62,178

DOMAINS

Maternal & Child Health

Low Need: Rates of low birth weight infants, preterm births, NICU admissions, infant and child mortality, and maternal depression among publicly insured women are lower than other counties in the state.

Substance Use

Low Need: Measures of substance use are favorable overall in Lehigh County. Rates of neonatal abstinence syndrome, prenatal tobacco use, maternal substance use disorder and postpartum elevated-risk opioid use are all low.

Socioeconomic Status

Moderate Need: Rates of unemployment, teen births, child food insecurity, and child poverty in Lehigh County are comparable to statewide averages, while income inequality and the amount of renters who are cost burdened are both elevated.

Child Safety & Maltreatment

Moderate Need: Measures of safety and well-being among pregnant and parenting families with young children in Lehigh County are comparable to statewide averages. Opportunities to prevent infant and early childhood injuries are warranted.

Child Care

Elevated Need: There are opportunities to increase the percentage of children receiving subsidized child care and the percentage of children with access to publicly funded, high-quality pre-K.

Community Environment

Moderate Need: Compared to other counties, Lehigh County has comparable availability of health care services and SNAP- and WIC-authorized stores. Efforts are needed to decrease crime and childhood lead exposure, improve environmental quality and increase access to libraries.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Early Head Start: 20
Nurse-Family Partnership: 145
Parent As Teachers: 100

MIECHV-funded:
No

Total SFY 19/20 state/federal funded capacity:
265 funded slots*

Change in funded capacity from SFY 16/17:
65 additional slots funded

Number of families eligible for home visiting in county:
10,133

Percentage of eligible families served by home visiting:
3%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Luzerne
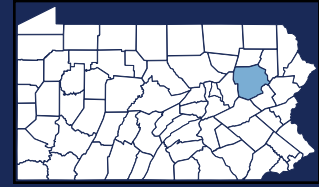
URBAN

TOTAL POPULATION:
317,646

POPULATION UNDER 4:
16,130

MEDIAN HOUSEHOLD INCOME:
$51,646

DOMAINS

Maternal & Child Health

Moderate Need: Compared to other counties in the state, Luzerne has average rates of NICU admissions and infant and child mortality. Efforts are needed to decrease preterm birth, low birth weight births and increase breastfeeding at hospital discharge.

Substance Use

Moderate Need: Measures of substance use are average overall in Luzerne County. There is room to decrease rates of overdose deaths and impaired driving.

Child Safety & Maltreatment

Moderate Need: Measures of safety and well-being among pregnant and parenting families with young children in Luzerne County are comparable to statewide averages. Opportunities to protect against intimate partner violence are warranted.

Child Care

Low Need: Compared to other counties, Luzerne has sufficient resources for child care and early childhood education.

Socioeconomic Status

Elevated Need: The majority of social and economic measures in Luzerne County are elevated compared to other counties in the state, including poverty, child food insecurity, income inequality and unemployment.

Community Environment

Low Need: Compared to other counties, Luzerne County has higher than average availability of hospitals, primary care providers and SNAP-authorized stores. Efforts are needed to decrease crime and address transportation access.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Nurse-Family Partnership: 215
Parent As Teachers: 101

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
316 funded slots*

Change in funded capacity from SFY 16/17:
67 additional slots funded

Number of families eligible for home visiting in county:
10,108

**Percentage of eligible families served by home visiting:**
3%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Lycoming
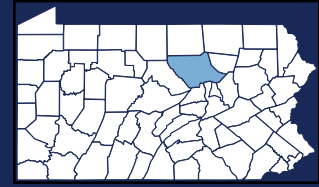
RURAL

TOTAL POPULATION:
116,111

POPULATION UNDER 4:
6,315

MEDIAN HOUSEHOLD INCOME:
$52,407

DOMAINS

Maternal & Child Health

Moderate Need: Lycoming County performs well on rates of early prenatal care initiation and breastfeeding at hospital discharge, while other maternal and child health measures such as low birth weights and maternal depression among publicly insured women remain elevated.

Child Safety & Maltreatment

Elevated Need: Investments in programs to alleviate child maltreatment, abuse and neglect and childhood injuries are needed to promote the safety and well-being of women, infants and children in Lycoming County.

Substance Use

Moderate Need: Measures of substance use are average overall in Lycoming County. There is room to decrease alcohol use disorder and cocaine use.

Child Care

Low Need: Compared to other counties, Lycoming has sufficient resources for child care and early childhood education.

Socioeconomic Status

Moderate Need: The majority of social and economic measures in Lycoming County are comparable to statewide averages, while the cost burden of rent remains elevated.

Community Environment

Moderate Need: Compared to other counties, Lycoming County has comparable access to health care services and SNAP-authorized stores. Efforts are needed to increase access to WIC-authorized stores and decrease juvenile arrests.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Nurse-Family Partnership: 125

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
135 slots funded*

Change in funded capacity from SFY 16/17:
45 additional slots funded

Number of families eligible for home visiting in county:
1,330

Percentage of eligible families served by home visiting:
10%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

McKean
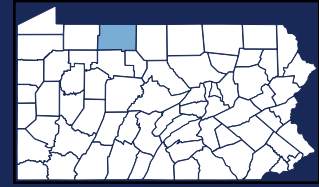
RURAL

TOTAL POPULATION:
40,968

POPULATION UNDER 4:
2,091

MEDIAN HOUSEHOLD INCOME:
$46,953

DOMAINS

Maternal & Child Health

Moderate Need: Compared to other counties, McKean County has average rates of preterm birth, low birth weight infants and child mortality. There is opportunity to improve rates of maternal depression among publicly insured women and well-child visits for infants and children.

Child Safety & Maltreatment

Elevated Need: Investments in programs to alleviate child maltreatment, infant and child injuries, and intimate partner violence are needed to promote the safety and well-being of women, infants and children in McKean County.

Substance Use

Elevated Need: Investments in programs to alleviate postpartum high-risk opioid use, prenatal tobacco use and neonatal abstinence syndrome are needed to decrease the effects of substance use in McKean County.

Child Care

Low Need: Compared to other counties, McKean has sufficient resources for child care and early childhood education.

Socioeconomic Status

Elevated Need: The majority of social and economic measures in McKean County are elevated compared to other counties in the state, including poverty, child food insecurity, income inequality and unemployment.

Community Environment

Elevated Need: McKean County provides higher than average availability of SNAP-authorized stores and grocery store availability in low-income communities. Efforts are needed to improve access to community health centers and pediatric dentists and decrease juvenile arrests and childhood lead exposure.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Parents As Teachers: 135

MIECHV-funded:
No

Total SFY 19/20 state/federal funded capacity:
125 funded slots*

Change in funded capacity from SFY 16/17:
no change

Number of families eligible for home visiting in county:
3,699

**Percentage of eligible families served by home visiting:**
3%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:
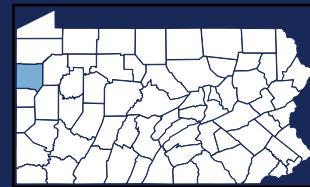
Mercer

RURAL

TOTAL POPULATION:
110,683

POPULATION UNDER 4:
5,449

MEDIAN HOUSEHOLD INCOME:
$48,768

DOMAINS

Maternal & Child Health

Elevated Need: There is opportunity to improve upon Mercer County's perinatal and infant health measures, including infant and child mortality, initiation of early prenatal care, sufficient well-child visits for babies and children and maternal depression among publicly insured women.

Child Safety & Maltreatment

Elevated Need: Investments in programs to alleviate child maltreatment, abuse and neglect, intimate partner violence, and childhood injuries are needed to promote the safety and well-being of women, infants and children in Mercer County.

Substance Use

Elevated Need: Investments in programs to alleviate impaired driving, neonatal abstinence syndrome and opioid overdose hospitalizations are needed to decrease the effects of substance use in Mercer County.

Child Care

Low Need: Compared to other counties, Mercer County has sufficient resources for child care and early childhood education

Socioeconomic Status

Elevated Need: The majority of social and economic measures in Mercer County are elevated compared to other counties in the state, including poverty, child food insecurity, income inequality and unemployment.

Community Environment

Elevated Need: While Mercer County offers higher than average availability of community health centers, efforts are needed to lower crime, address residential segregation and improve access to transportation.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Nurse-Family Partnership: 45
Parents As Teachers: 338

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
338 slots funded*

Change in funded capacity from SFY 16/17:
208 additional slots funded

Number of families eligible for home visiting in county:
3,121

Percentage of eligible families served by home visiting:
12%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

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October 2020

County Profile:

Mifflin
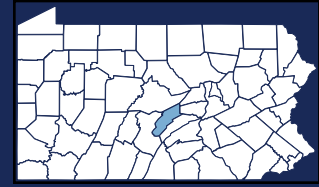
RURAL

TOTAL POPULATION:
46,222

POPULATION UNDER 4:
2,852

MEDIAN HOUSEHOLD INCOME:
$47,526

DOMAINS

Maternal & Child Health

Moderate Need: Mifflin County's rates of low birth weight births and preterm births are low, while there is room to improve other measures of maternal and child health, including maternal depression among publicly insured women and early prenatal care initiation.

Child Safety & Maltreatment

Moderate Need: Measures of safety and well-being among pregnant and parenting families with young children in Mifflin County are comparable to statewide averages. Opportunities to protect the safety and well-being of pregnant women and young children are warranted.

Substance Use

Moderate Need: Measures of substance use are average overall in Mifflin County. There is room to improve elevated rates of postpartum high-risk opioid use and impaired driving.

Child Care

Moderate Need: Availability of child care and early childhood education programs in Mifflin County are comparable to statewide averages. Opportunities to invest in the number of regulated child care providers are warranted.

Socioeconomic Status

Elevated Need: The majority of social and economic measures in Mifflin County are elevated compared to other counties in the state, including poverty, early high school exit and teen birth rates.

Community Environment

Moderate Need: Mifflin County residents have higher than average access to community health centers and SNAP-authorized stores. Efforts should be made to decrease arrests of juveniles, address residential segregation and increase access to WIC-authorized stores.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Early Head Start: 9
Healthy Families America: 60
Nurse-Family Partnership: 17

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
86 slots funded*

Change in funded capacity from SFY 16/17:
32 additional slots funded

Number of families eligible for home visiting in county:
2,151

**Percentage of eligible families served by home visiting:**
4%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Monroe

RURAL	TOTAL POPULATION:	POPULATION UNDER 4:	MEDIAN HOUSEHOLD INCOME:
	169,507	7,390	$63,931

DOMAINS

Maternal & Child Health

Elevated Need: There is opportunity to improve the rate of early prenatal care initiation, low birth weight births, preterm births, infant and child mortality and NICU admissions.

Child Safety & Maltreatment

Moderate Need: Measures of safety and well-being among pregnant and parenting families with young children in Monroe County are comparable to statewide averages. Opportunities to protect the safety and well-being of welfare-involved children are warranted.

Substance Use

Low Need: Measures of substance use are average or favorable overall in Monroe County. Rates of neonatal abstinence syndrome, prenatal tobacco use, maternal substance use disorder and postpartum elevated-risk opioid use are all comparable to statewide averages.

Child Care

Elevated Need: There are opportunities to increase the percentage of children receiving subsidized child care and the percentage of children with access to publicly funded, high-quality pre-K.

Socioeconomic Status

Moderate Need: Monroe County's socioeconomic indicators are favorable overall, with lower rates of income inequality, teen birth rates and child food insecurity. Unemployment and rent cost burdens remain higher than statewide averages.

Community Environment

Elevated Need: Significant efforts are needed to increase availability of community health centers, libraries, primary care doctors, hospitals, and SNAP- and WIC-authorized stores.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Nurse-Family Partnership: 126

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
126 slots funded*

Change in funded capacity from SFY 16/17:
No change

Number of families eligible for home visiting in county:
3,381

**Percentage of eligible families served by home visiting:**
4%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Montgomery
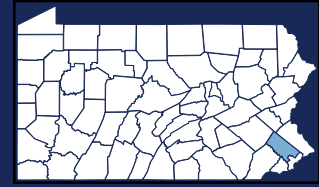
URBAN

TOTAL POPULATION:
828,604

POPULATION UNDER 4:
45,763

MEDIAN HOUSEHOLD INCOME:
$88,166

DOMAINS

Maternal & Child Health

Low Need: Montgomery County has high rates of breastfeeding and low rates of diagnosed postpartum depression. Other measures of maternal and child health are similar to statewide rates.

Substance Use

Low Need: Montgomery County has low rates of neonatal abstinence syndrome and pregnancy-related tobacco and opioid use. With moderate rates of other substance use indicators, there is an opportunity to expand access to treatment facilities.

Socioeconomic Status

Moderate Need: Montgomery County has low rates of most indicators of poverty and socioeconomic need, but struggles with high rates of income inequality and rent burden.

Child Safety & Maltreatment

Low Need: Montgomery County fares well for child safety and maltreatment, with all indicators of need at or below statewide levels.

Child Care

Low Need: Montgomery provides high-quality, subsidized child care to over half of children in the county. More than one-third of low-income 3-4 year olds have access to subsidized high-quality pre-K.

Community Environment

Moderate Need: While there are very few low-income and low-food access neighborhoods in Montgomery, there is a need for more WIC- and SNAP-authorized stores. There is also an opportunity to improve environmental quality.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Healthy Families America: 35
Nurse-Family Partnership: 125
Parents As Teachers: 208

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
368 slots funded*

Change in funded capacity from SFY 16/17:
105 additional slots funded

Number of families eligible for home visiting in county:
10,678

**Percentage of eligible families served by home visiting:**
3%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Montour

RURAL

TOTAL POPULATION:
18,240

POPULATION UNDER 4:
1,016

MEDIAN HOUSEHOLD INCOME:
$57,183

DOMAINS

Maternal & Child Health

Moderate Need: Montour's rates of maternal and child health needs are mixed. While breastfeeding rates are high, there is room to improve infant and child mortality rates.

Substance Use

Moderate Need: Montour has low rates of prenatal tobacco use, neonatal abstinence syndrome and postpartum opioid use. The community struggles with high overdose rates and alcohol use disorder.

Socioeconomic Status

Moderate Need: Though most socioeconomic indicators in Montour County are similar to statewide rates, the community struggles with low education rates and high levels of income inequality.

Child Safety & Maltreatment

Moderate Need: Montour has low rates of substantiated child maltreatment. Prevention supports for pregnant and parenting women are warranted.

Child Care

Low Need: Montour County provides high-quality and public pre-K to almost three-quarters of low-income children and provides subsidized child care to half of eligible children.

Community Environment

Low Need: Montour has above average levels of hospitals, primary care physicians and pediatric dentists, but few community health centers. There is low car ownership in this mostly rural county.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Nurse-Family Partnership: 10
Parents As Teachers: 18

MIECHV-funded:
No

Total SFY 19/20 state/federal funded capacity:
28 slots funded*

Change in funded capacity from SFY 16/17:
18 additional slots funded

Number of families eligible for home visiting in county:
395

Percentage of eligible families served by home visiting:
7%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

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October 2020

County Profile:

Northampton
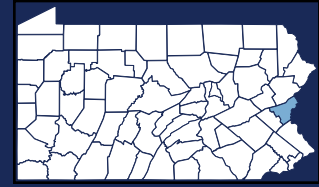
URBAN	TOTAL POPULATION: 304,807	POPULATION UNDER 4: 14,851	MEDIAN HOUSEHOLD INCOME: $67,565

DOMAINS

Maternal & Child Health

Moderate Need: Northampton has high rates of early prenatal care initiation and low rates of child death and postpartum depression. Additional supports are needed to reduce high rates of infants born at low birthweight.

Substance Use

Moderate Need: Northampton has moderate rates of substance use and low rates of high-risk postpartum opioid use accompanied by low numbers of substance use and mental health treatment facilities.

Socioeconomic Status

Low Need: Northampton has moderate to low levels of socioeconomic need and poverty; however, there is opportunity for additional supports to reduce rent burden.

Child Safety & Maltreatment

Low Need: Northampton fares moderately well in terms of the safety and well-being of children and mothers. High rates of protection from abuse orders suggest there may be additional needs to reduce domestic violence.

Child Care

Moderate Need: Northampton's child care and pre-K indicators are comparable to statewide rates. Efforts are needed to increase the percentage of eligible children receiving publicly-funded, high quality pre-K.

Community Environment

Moderate Need: Rates of community environment factors are comparable to statewide rates. There are opportunities to improve environmental quality and child lead exposure.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Nurse-Family Partnership: 130
Parents As Teachers: 75

MIECHV-funded:
No

Total SFY 19/20 state/federal funded capacity:
205 slots funded*

Change in funded capacity from SFY 16/17:
5 additional slots funded

Number of families eligible for home visiting in county:
6,077

Percentage of eligible families served by home visiting:
3%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

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October 2020

County Profile:

Northumberland
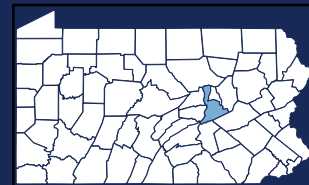
RURAL

TOTAL POPULATION:
91,083

POPULATION UNDER 4:
4,753

MEDIAN HOUSEHOLD INCOME:
$47,063

DOMAINS

Maternal & Child Health

Moderate Need: Most of Northumberland's maternal and child health outcomes are comparable to statewide rates. Elevated rates of infant mortality and postpartum depression are indicators of local need.

Child Safety & Maltreatment

Elevated Need: Northumberland has elevated need to protect the safety and well-being of children and families, particularly for child maltreatment, infant non-superficial injury and child welfare in-home services.

Substance Use

Elevated Need: Northumberland has elevated rates of mothers smoking while pregnant and postpartum high-risk opioid use. The broader community struggles with elevated rates of drug and alcohol use and few mental health facilities.

Child Care

Elevated Need: Low rates of child care and pre-K access and quality indicate elevated need across Northumberland.

Socioeconomic Status

Moderate Need: Northumberland has elevated rates of child poverty and unemployment. While other indicators of socioeconomic well-being are comparable to statewide rates, there are no low need indicators in this domain.

Community Environment

Moderate Need: Northumberland's community environment indicators are comparable to statewide rates and suggest moderate need. There are opportunities for additional hospitals, pediatric dentists and transportation options.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Healthy Families America: 38
Nurse-Family Partnership: 53
Parents As Teachers: 3

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
94 slots funded*

Change in funded capacity from SFY 16/17:
39 additional slots funded

Number of families eligible for home visiting in county:
3,007

Percentage of eligible families served by home visiting:
3%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

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October 2020

County Profile:

Perry
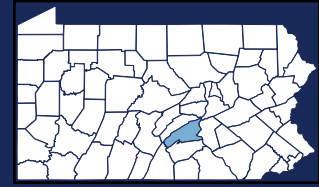
RURAL

TOTAL POPULATION:
46,139

POPULATION UNDER 4:
2,645

MEDIAN HOUSEHOLD INCOME:
$62,266

DOMAINS

Maternal & Child Health

Moderate Need: Perry has mixed maternal and child health outcomes. While Perry has low rates of postpartum depression and infant mortality, more than one-third of mothers do not seek prenatal care in the first trimester and almost 10% of infants are admitted to the NICU.

Substance Use

Elevated Need: Though Perry has low and moderate rates of drug and alcohol use, it has elevated need for substance use and mental health providers and treatment facilities.

Child Safety & Maltreatment

Low Need: Perry fares well in protecting the safety and well-being of children and families, with no indicators of elevated need. Most indicators are comparable to statewide rates.

Child Care

Elevated Need: Perry has elevated need for high-quality and subsidized child care and pre-K, with only 1 in 10 eligible children served by subsidized child care.

Socioeconomic Status

Moderate Need: Perry has low rates of poverty and socioeconomic distress for both adults and children, with the exception of elevated rates of teenage school unenrollment and birth.

Community Environment

Moderate Need: While crime rates are low and many households own a car in rural Perry, there is elevated need for critical resources such as SNAP- and WIC-authorized stores, hospitals, primary care physicians and pediatric dentists.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Nurse-Family Partnership: 28
Parents As Teachers: 60

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
88 slots funded*

Change in funded capacity from SFY 16/17:
61 additional slots funded

Number of families eligible for home visiting in county:
1,307

Percentage of eligible families served by home visiting:
7%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.
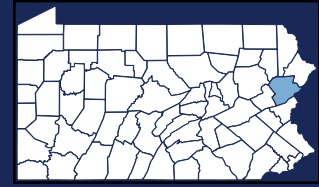
*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Philadelphia
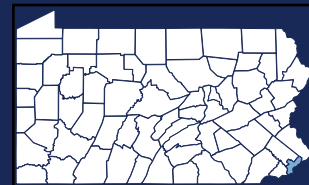
| **URBAN** | **TOTAL POPULATION:** 1,584,138 | **POPULATION UNDER 4:** 107,792 | **MEDIAN HOUSEHOLD INCOME:** $43,744 |

DOMAINS

Maternal & Child Health

Elevated Need: Although Philadelphia has one of the highest concentrations of health care providers per capita in the country, the community faces adverse maternal, child and infant health outcomes.

Substance Use

Elevated Need: Philadelphia has especially struggled with high opioid use and overdose rates in the recent past.

Child Safety & Maltreatment

Elevated Need: Philadelphia has an elevated need for services to address abuse against pregnant and postpartum women and decrease childhood injury.

Child Care

Moderate Need: Philadelphia offers PHLpreK in addition to statewide public child care and preschool options. PHLpreK began in 2018 and serves more than 6,000 3-5 year olds regardless of family income.

Socioeconomic Status

Elevated Need: Philadelphia is one of the poorest large cities in the United States, distressed by high levels of inequality and poverty.

Community Environment

Elevated Need: The resource-rich landscape of Philadelphia, with many SNAP-authorized stores, hospitals, health care centers, and libraries, offsets challenges with environmental quality and crime.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Healthy Families America: 212
Nurse-Family Partnership: 600
Parents As Teachers: 310

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
1,122 slots funded*

Change in funded capacity from SFY 16/17:
470 additional slots funded

Number of families eligible for home visiting in county:
73,814

**Percentage of eligible families served by home visiting:**
2%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Pike
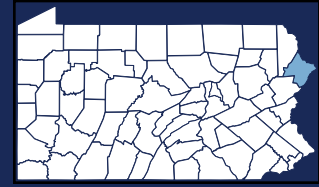
RURAL

TOTAL POPULATION:
55,933

POPULATION UNDER 4:
1,826

MEDIAN HOUSEHOLD INCOME:
$64,247

DOMAINS

Maternal & Child Health

Moderate Need: Though Pike has elevated need in prenatal care and breastfeeding, there are low rates of preterm birth, infant and child death and postpartum depression.

Substance Use

Moderate Need: Substance use needs are mixed in Pike, with elevated rates of postpartum high risk opioid use and low capacity to treat mental health and substance use disorders, but relatively high access to Buprenorphine-prescribing physicians and moderate rates of broader substance use indicators.

Socioeconomic Status

Moderate Need: Pike has low levels of poverty and teen births, and few mothers have lower than a high school education. Despite this, they need support for high rates of unemployment and rent burden.

Child Safety & Maltreatment

Moderate Need: Pike has low rates of substantiated infant and child maltreatment and infant non-superficial injury. Most measures of family violence are similar to statewide rates, with lower reported rates of prenatal and postpartum maternal abuse.

Child Care

Moderate Need: Most indicators of child care access and quality are similar to statewide rates, though Pike needs additional regulated child care facilities and expanded access to subsidized high-quality pre-K.

Community Environment

Moderate Need: Pike is a rural county with widespread car ownership and low levels of crime and juvenile arrests. While there is access to community health centers, there is need for additional pediatric dentists, primary care physicians and hospitals.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Nurse-Family Partnership: 8

MIECHV-funded:
No

Total SFY 19/20 state/federal funded capacity:
8 slots funded*

Change in funded capacity from SFY 16/17:
No change

Number of families eligible for home visiting in county:
810

Percentage of eligible families served by home visiting:
not able to be calculated*

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Potter
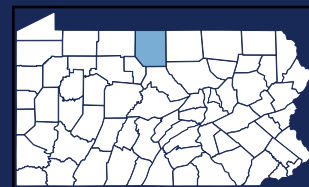
RURAL

TOTAL POPULATION:
16,622

POPULATION UNDER 4:
904

MEDIAN HOUSEHOLD INCOME:
$42,821

DOMAINS

Maternal & Child Health

Elevated Need: Potter has elevated rates of preterm birth and NICU admissions, serious perinatal and infant health problems. Additionally, rates of preventive care did not meet pediatric recommendations.

Substance Use

Elevated Need: Mothers in Potter struggled with prenatal tobacco use and postpartum high-risk opioid use. The broader community has high rates of cocaine use and alcohol use disorder, though mental health and substance use treatment facilities are available.

Socioeconomic Status

Elevated Need: Potter is a very rural county with high rates of poverty among children and unemployment among adults. Child food insecurity is a major issue in the community.

Child Safety & Maltreatment

Elevated Need: Potter County has high levels of child maltreatment. Measures preventing family and domestic violence are needed to promote the safety and well-being of women and children.

Child Care

Elevated Need: Low-income children ages 3-4 have access to high-quality pre-K, but Potter has an elevated need for high-quality and subsidized child care for young children.

Community Environment

Moderate Need: Potter has lower access to health care facilities such as primary care physicians and community health centers, but elevated access to hospitals. Environmental hazards and community-level crimes are relatively low.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Parents As Teachers: 16

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
16 funded slots*

Change in funded capacity from SFY 16/17:
decrease by 4 funded slots

Number of families eligible for home visiting in county:
601

Percentage of eligible families served by home visiting:
not able to be calculated**

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

**Percentage of eligible families served not calculated for counties with less than 20 funded slots

October 2020

County Profile:

Schuylkill
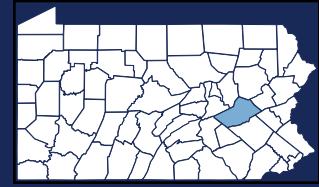
RURAL

TOTAL POPULATION:
142,067

POPULATION UNDER 4:
7,055

MEDIAN HOUSEHOLD INCOME:
$49,190

DOMAINS

Maternal & Child Health

Moderate Need: While Schuylkill has high rates of prenatal care and full birthweight infants, elevated rates of preterm birth, NICU admissions and child death indicate community need.

Substance Use

Moderate Need: Schuylkill has high rates of pregnancy and postpartum substance use disorder, and low numbers of medication-assisted treatment providers. Other indicators of substance use are comparable to statewide rates.

Socioeconomic Status

Moderate Need: Indicators of socioeconomic need in Schuylkill are comparable to statewide rates, though there are elevated rates of unemployment and public assistance.

Child Safety & Maltreatment

Low Need: Schuylkill fares well in protecting the safety and well-being of children, mothers and families. All indicators of maltreatment are comparable to statewide rates.

Child Care

Moderate Need: Schuylkill has moderate amounts of regulated child care providers however, families with young children face significant challenges in accessing high-quality, affordable child care and pre-K.

Community Environment

Moderate Need: Most indicators of community environment well-being signal moderate need in Schuylkill. Elevated rates of crime and juvenile arrests indicate need.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Nurse-Family Partnership: 75

MIECHV-funded:
No

Total SFY 19/20 state/federal funded capacity:
75 slots funded*

Change in funded capacity from SFY 16/17:
No change

Number of families eligible for home visiting in county:
3,842

**Percentage of eligible families served by home visiting:**
2%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Snyder

RURAL

TOTAL POPULATION:
40,540

POPULATION UNDER 4:
2,126

MEDIAN HOUSEHOLD INCOME:
$57,638

DOMAINS

Maternal & Child Health

Moderate Need: Though Snyder has low rates of NICU admissions and high rates of breastfeeding, low rates of prenatal care and high rates of postpartum depression indicate additional need for mothers and infants.

Child Safety & Maltreatment

Moderate Need: Snyder has higher rates of substantiated child maltreatment, but other indicators remain comparable to statewide averages.

Substance Use

Elevated Need: Snyder mothers have low rates of prenatal and postpartum smoking, substance use disorder and high-risk opioid use; however, there are high rates of community substance use and few treatment providers.

Child Care

Elevated Need: Snyder needs additional child care and pre-K resources to support families and children.

Socioeconomic Status

Moderate Need: Most indicators of socioeconomic well-being are comparable to statewide rates. Low rates of income inequality and rent burden offset elevated unemployment rates.

Community Environment

Moderate Need: Snyder has moderate need in most indicators of community environment, but few hospitals, community health centers and pediatric dentists present challenges to accessing quality health care.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Early Head Start: 9
Nurse-Family Partnership: 25

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
34 funded slots*

Change in funded capacity from SFY 16/17:
No change

Number of families eligible for home visiting in county:
1,369

**Percentage of eligible families served by home visiting:**
3%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Somerset
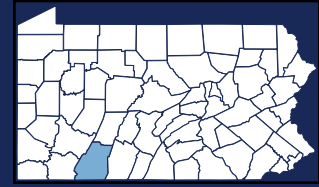
RURAL

TOTAL POPULATION:
73,952

POPULATION UNDER 4:
3,434

MEDIAN HOUSEHOLD INCOME:
$48,224

DOMAINS

Maternal & Child Health

Low Need: Somerset fares well in maternal and child health outcomes, with low rates of preterm birth, NICU admission, and infant and child death.

Child Safety & Maltreatment

Low Need: Somerset has low needs regarding safety and well-being of children. Investment is needed in protecting women and families from domestic violence.

Substance Use

Moderate Need: Somerset has moderate rates of substance use, but high rates of crashes involving impaired drivers as well as pregnancy and postpartum substance use disorder indicate need.

Child Care

Moderate Need: Somerset has average levels of regulated child care providers, but few that meet Pennsylvania high-quality standards.

Socioeconomic Status

Moderate Need: While indicators of socioeconomic distress and poverty in Somerset are comparable to statewide rates, child food insecurity and WIC redemptions remain high.

Community Environment

Moderate Need: Though Somerset has low crime and juvenile arrest rates and moderate rates of other community environment indicators, low numbers of community health centers, primary care and food access indicate need.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Nurse-Family Partnership: 50
Parents As Teachers: 112

MIECHV-funded:
No

Total SFY 19/20 state/federal funded capacity:
162 funded slots*

Change in funded capacity from SFY 16/17:
102 additional slots funded

Number of families eligible for home visiting in county:
2,138

**Percentage of eligible families served by home visiting:**
8%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Sullivan
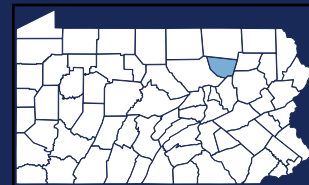
RURAL	**TOTAL POPULATION:**	**POPULATION UNDER 4:**	**MEDIAN HOUSEHOLD INCOME:**
	6,071	202	$47,346

DOMAINS

Maternal & Child Health

Low Need: Sullivan fares well regarding maternal, infant, and child health outcomes as compared to other counties, with low rates of infant and child death, preterm birth, low birth weight infants and postpartum depression.

Substance Use

Elevated Need: Sullivan has high rates of community drug and alcohol use, though there are few treatment providers in the county. Maternal opioid use and diagnosed substance use disorder rates are low, though one-quarter of mothers smoked during pregnancy.

Socioeconomic Status

Moderate Need: Though Sullivan has high rates of teens not enrolled in school and receipt of public assistance, there are low levels of child poverty, child food insecurity and rent burden.

Child Safety & Maltreatment

Moderate Need: Sullivan has higher rates of protection from abuse orders, but other indicators remain comparable to statewide averages.

Child Care

Elevated Need: While there are relatively high levels of child care providers, additional investment is needed to improve the quality and subsidies available.

Community Environment

Elevated Need: In rural Sullivan County, efforts are needed to increase access to hospitals, health care centers, primary care providers, and pediatric dental care providers.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Nurse-Family Partnership: 8

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
8 funded slots*

Change in funded capacity from SFY 16/17:
4 additional slots funded

Number of families eligible for home visiting in county:
140

Percentage of eligible families served by home visiting:
not able to be calculated**

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

**Percentage of eligible families served not calculated for counties with less than 20 funded slots

October 2020

County Profile:

Susquehanna
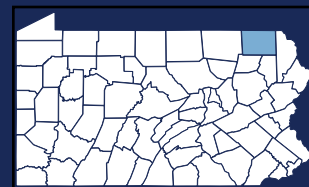
RURAL

TOTAL POPULATION:
40,589

POPULATION UNDER 4:
1,868

MEDIAN HOUSEHOLD INCOME:
$53,059

DOMAINS

Maternal & Child Health

Low Need: Susquehanna fares well regarding maternal and child health outcomes, with low rates of NICU admissions and infant and child death. Other indicators of need are comparable to statewide rates.

Substance Use

Elevated Need: Additional mental health and medication assisted treatment supports are needed for pregnant and postpartum mothers in Susquehanna, who have elevated rates of high-risk opioid use and infants born with neonatal abstinence syndrome.

Socioeconomic Status

Low Need: Susquehanna has relatively low rates of socioeconomic needs as compared to other counties, with low rates of public assistance and WIC redemptions.

Child Safety & Maltreatment

Moderate Need: Indicators of child maltreatment and injury in Susquehanna are comparable or lower than statewide rates, but additional investment is needed to protect women impacted by domestic abuse.

Child Care

Moderate Need: Child care and pre-K access and quality in Susquehanna are comparable to statewide rates, with elevated need for subsidized child care access.

Community Environment

Moderate Need: While Susquehanna has better environmental quality, less crime, and more libraries than other counties, there is need for more health care providers.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Nurse-Family Partnership: 32

MIECHV-funded:
No

Total SFY 19/20 state/federal funded capacity:
32 funded slots*

Change in funded capacity from SFY 16/17:
12 additional slots funded

Number of families eligible for home visiting in county:
1,084

**Percentage of eligible families served by home visiting:**
3%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Tioga
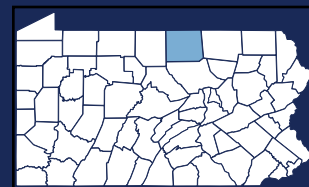
RURAL

TOTAL POPULATION:
40,763

POPULATION UNDER 4:
2,176

MEDIAN HOUSEHOLD INCOME:
$50,667

DOMAINS

Maternal & Child Health

Low Need: Tioga fares well regarding maternal, infant and child health outcomes with low rates of preterm birth, low birthweight infants and NICU admissions.

Child Safety & Maltreatment

Elevated Need: Additional resources and investments are needed to improve the safety of women, children, and families in Tioga, as rates of substantiated maltreatment and neglect are higher than statewide rates.

Substance Use

Moderate Need: Tioga has mixed substance use needs and strengths. While there are few substance use treatment options and high rates of alcohol use disorder, Tioga has low rates of neonatal abstinence syndrome and prenatal substance use disorder.

Child Care

Low Need: Tioga provides access to high-quality, subsidized child care and pre-K to eligible children across the county.

Socioeconomic Status

Moderate Need: Most indicators of socioeconomic need and poverty in Tioga are comparable to state rates. High rates of WIC redemptions indicate there may be additional investments needed for women, infants and children.

Community Environment

Moderate Need: Tioga has favorable environmental quality and low crime rates, but few hospitals or pediatric dentists. Other indicators of community environment needs are comparable to statewide rates.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Nurse-Family Partnership: 33

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
33 funded slots*

Change in funded capacity from SFY 16/17:
28 additional slots funded

Number of families eligible for home visiting in county:
1,332

Percentage of eligible families served by home visiting:
3%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Union
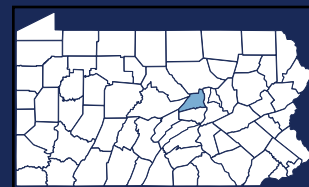
| RURAL | TOTAL POPULATION: 44,785 | POPULATION UNDER 4: 2,104 | MEDIAN HOUSEHOLD INCOME: $56,026 |

DOMAINS

Maternal & Child Health

Low Need: Overall, maternal and child health outcomes in Union indicate lower need as compared to other counties, with the exception of elevated rates of NICU admissions.

Child Safety & Maltreatment

Moderate Need: Indicators of child maltreatment and injury in Union are comparable or lower than statewide rates, but additional investment is needed to protect women impacted by domestic abuse.

Substance Use

Moderate Need: While Union County has low rates of maternal substance use disorder and prenatal smoking, there are also high rates of community drug and alcohol use.

Child Care

Moderate Need: Although Union has low child care coverage, almost one-third of providers meet high-quality standards, higher than most counties.

Socioeconomic Status

Moderate Need: Indicators of socioeconomic need in Union are mixed. Rates of unemployment and public assistance receipt are low, but rates of teens not enrolled in school and income inequality are high.

Community Environment

Moderate Need: Most community environment measures in Union County were comparable to statewide rates. There is need for more community health centers and WIC-authorized stores.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Early Head Start: 4
Nurse-Family Partnership: 15

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
19 funded slots*

Change in funded capacity from SFY 16/17:
decrease by 4 funded slots

Number of families eligible for home visiting in county:
1,060

Percentage of eligible families served by home visiting:
not able to be calculated*

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

**Percentage of eligible families served not calculated for counties with less than 20 funded slots

Childcare icon by Andrew Doane from Noun Project; Pennsylvania icon by freevectormaps.com.

October 2020

County Profile:

Venango
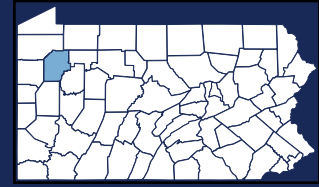
RURAL	**TOTAL POPULATION:** 51,266	**POPULATION UNDER 4:** 2,650	**MEDIAN HOUSEHOLD INCOME:** $47,982

DOMAINS

Maternal & Child Health

Moderate Need: Venango has improved rates of babies born at low birth weight and infant deaths in recent years. There is still opportunity to improve infant death and breastfeeding rates.

Child Safety & Maltreatment

Elevated Need: Additional investment is needed in protecting child and family safety in Venango. Almost one-quarter of children receive preventive in-home child welfare services.

Substance Use

Elevated Need: Venango has elevated need regarding prenatal and postpartum tobacco and substance use. The county also has above average numbers of substance use and mental health treatment facilities.

Child Care

Low Need: Venango provides high-quality and subsidized child care and pre-K for many young children in the county.

Socioeconomic Status

Moderate Need: Indicators of socioeconomic need in Venango are comparable to statewide rates, though teen birth rates are especially high.

Community Environment

Moderate Need: Venango has average measures of community environment needs, with the exception of high rates of child lead exposure.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Early Head Start: 5
Parents As Teachers: 29

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
34 funded slots*

Change in funded capacity from SFY 16/17:
1 additional slot funded

Number of families eligible for home visiting in county:
1,660

**Percentage of eligible families served by home visiting:**
2%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Warren
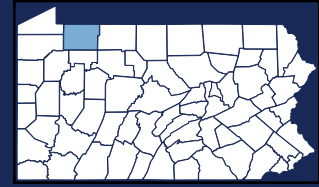
RURAL

TOTAL POPULATION:
39,498

POPULATION UNDER 4:
1,973

MEDIAN HOUSEHOLD INCOME:
$48,409

DOMAINS

Maternal & Child Health

Elevated Need: Additional investment is needed to protect and promote the health of infants and children in Warren. Many infants and children do not receive the recommended number of preventive care visits.

Child Safety & Maltreatment

Low Need: Warren has low rates of child maltreatment and infant injury, but prevention supports for pregnant women at risk for domestic violence are warranted.

Substance Use

Moderate Need: Mothers in Warren struggled with prenatal smoking and postpartum high risk opioid use, though few were diagnosed with postpartum substance use disorder.

Child Care

Moderate Need: Warren has average levels of child care and pre-K needs. Efforts to increase the percentage of eligible children receiving subsidized child care are warranted.

Socioeconomic Status

Moderate Need: Most indicators of socioeconomic need in Warren are comparable to statewide rates. Resources are needed to improve teen birth rates and child food insecurity.

Community Environment

Moderate Need: Most indicators of community environment need in Warren are comparable to statewide rates. Warren has more libraries, health centers, hospitals, and WIC-authorized stores than other counties, but higher levels of child lead poisoning.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Early Head Start: 4
Parents As Teachers: 17

MIECHV-funded:
No

Total SFY 19/20 state/federal funded capacity:
21 funded slots*

Change in funded capacity from SFY 16/17:
21 additional slots funded

Number of families eligible for home visiting in county:
1,236

**Percentage of eligible families served by home visiting:**
2%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Washington
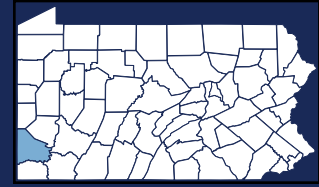
RURAL

TOTAL POPULATION:
207,346

POPULATION UNDER 4:
10,520

MEDIAN HOUSEHOLD INCOME:
$61,567

DOMAINS

Maternal & Child Health

Moderate Need: Washington fares well in terms of maternal and child health outcomes, but has low rates of preventive care visits for infants and children.

Substance Use

Moderate Need: Though many indicators of substance use need in Washington are comparable to or below state averages, Washington has elevated rates of maternal substance use disorder and overdose deaths.

Socioeconomic Status

Moderate Need: Most indicators of socioeconomic need in Washington are lower than statewide rates, including poverty, child food insecurity and rent burden. However, there is elevated income inequality.

Child Safety & Maltreatment

Low Need: The safety and well-being of children, mothers and families in Washington are similar to statewide rates.

Child Care

Moderate Need: Although there are few child care providers in Washington, many of them meet high-quality standards and serve families eligible for subsidized care.

Community Environment

Low Need: Washington has low levels of need across community environment factors, aside from low numbers of pediatric dentists and elevated child lead poisoning rates.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Early Head Start: 42
Parents As Teachers: 20

MIECHV-funded:
No

Total SFY 19/20 state/federal funded capacity:
62 funded slots*

Change in funded capacity from SFY 16/17:
62 additional slots funded

Number of families eligible for home visiting in county:
3,819

Percentage of eligible families served by home visiting:
2%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Wayne
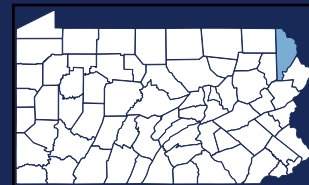
RURAL

TOTAL POPULATION:
51,276

POPULATION UNDER 4:
2,185

MEDIAN HOUSEHOLD INCOME:
$54,851

DOMAINS

Maternal & Child Health

Low Need: Wayne fares well regarding maternal and child health outcomes, with high rates of prenatal care and preventive visits and low rates of NICU admissions.

Substance Use

Moderate Need: High rates of maternal substance use disorder and few substance use treatment facilities indicate elevated need in Wayne.

Child Safety & Maltreatment

Moderate Need: Rates of child maltreatment and injury are comparable or below statewide levels while more than one-fifth of children in the county receive in-home child welfare services.

Child Care

Low Need: Wayne provides high-quality and subsidized child care and pre-K to many young residents.

Socioeconomic Status

Low Need: Indicators of socioeconomic need are low in Wayne, including low levels of child poverty, income inequality and teen births.

Community Environment

Low Need: Residents of Wayne live in a rural community environment with high levels of libraries, car ownership, community health centers and environmental quality.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Nurse-Family Partnership: 20
Parents As Teachers: 18

MIECHV-funded:
No

Total SFY 19/20 state/federal funded capacity:
38 funded slots*

Change in funded capacity from SFY 16/17:
No change

Number of families eligible for home visiting in county:
886

Percentage of eligible families served by home visiting:
4%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Westmoreland
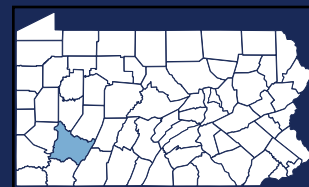
URBAN

TOTAL POPULATION:
350,611

POPULATION UNDER 4:
16,196

MEDIAN HOUSEHOLD INCOME:
$58,866

DOMAINS

Maternal & Child Health

Moderate Need: Most indicators of maternal and child health in Westmoreland are comparable to statewide rates. High levels of prenatal care contrast with low numbers of infant preventive visits.

Child Safety & Maltreatment

Moderate Need: Westmoreland's indicators of child safety and maltreatment are comparable to statewide rates, though additional investments are needed to protect pregnant and postpartum women from abuse

Substance Use

Elevated Need: Substance use is a domain of elevated need for Westmoreland, with high rates of overdose hospitalizations and deaths, pregnancy and postpartum substance use, and neonatal abstinence syndrome.

Child Care

Low Need: Westmoreland provides high-quality, subsidized child care and pre-K to young residents.

Socioeconomic Status

Low Need: Westmoreland has low rates of poverty among adults and children and low socioeconomic need compared to other counties.

Community Environment

Low Need: Residents of Westmoreland live in a community environment with moderate levels of health care services and community resources, and low levels of child lead exposure.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Healthy Families America: 108

MIECHV-funded:
No

Total SFY 19/20 state/federal funded capacity:
108 funded slots*

Change in funded capacity from SFY 16/17:
decrease by 78 funded slots

Number of families eligible for home visiting in county:
6,496

**Percentage of eligible families served by home visiting:**
2%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

Wyoming
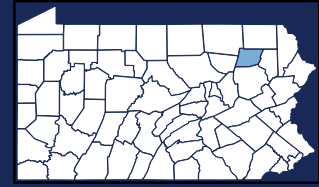
RURAL

TOTAL POPULATION:
27,046

POPULATION UNDER 4:
1,369

MEDIAN HOUSEHOLD INCOME:
$59,308

DOMAINS

Maternal & Child Health

Moderate Need: Though most indicators of maternal and child health in Wyoming County are comparable to or lower than statewide rates, additional investment is needed to treat maternal depression.

Child Safety & Maltreatment

Moderate Need: Additional investment is needed to protect children from abuse and neglect in Wyoming County.

Substance Use

Low Need: Substance use need is low in Wyoming County, with many mental health treatment facilities and few overdose hospitalizations. However, there is an elevated rate of crashes involving impaired drivers.

Child Care

Moderate Need: Wyoming County needs additional child care and pre-K resources to ensure that eligible children have access to high-quality, subsidized programs.

Socioeconomic Status

Low Need: Wyoming County has rates of socioeconomic need comparable to statewide rates, with especially low rates of income inequality.

Community Environment

Low Need: Wyoming County is a rural community with robust access to libraries, community health centers, and car ownership, despite a shortage in hospitals and pediatric dentists.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Nurse-Family Partnership: 43

MIECHV-funded:
No

Total SFY 19/20 state/federal funded capacity:
43 funded slots*

Change in funded capacity from SFY 16/17:
No change

Number of families eligible for home visiting in county:
662

**Percentage of eligible families served by home visiting:**
7%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

October 2020

County Profile:

York
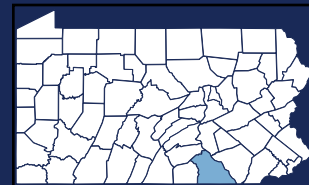
URBAN	TOTAL POPULATION:	POPULATION UNDER 4:	MEDIAN HOUSEHOLD INCOME:
	448,273	25,514	$63,902

DOMAINS

Maternal & Child Health

Moderate Need: Rates of most maternal and child health outcomes in York are comparable to statewide rates, with the exception of high rates of breastfeeding and high rates of preterm birth.

Child Safety & Maltreatment

Low Need: York is above average in protecting the safety and well-being of children, women and families from abuse.

Substance Use

Low Need: Substance use measures indicate low need, though York has elevated rates of overdose hospitalizations and opioid use.

Child Care

Moderate Need: Child care and pre-K access, quality and coverage in York are comparable to statewide rates.

Socioeconomic Status

Low Need: Though York has low levels of child and adult poverty, income inequality, food insecurity, and unemployment, almost half of renters are considered cost burdened due to high cost of living.

Community Environment

Elevated Need: York has elevated rates of crime, juvenile arrests and environmental hazards. Investment is needed for additional SNAP- and WIC-authorized stores and libraries.

CAPACITY OF HOME VISITING SERVICES

Program Models (MIECHV-eligible, OCDEL-funded) and SFY 19/20 funded capacity:
Nurse-Family Partnership: 138

MIECHV-funded:
Yes

Total SFY 19/20 state/federal funded capacity:
138 funded slots*

Change in funded capacity from SFY 16/17:
1 additional slot funded

Number of families eligible for home visiting in county:
10,965

Percentage of eligible families served by home visiting:
1%

To calculate the number of families eligible for home visiting, this assessment used families with children ages 0-5 living below 200% of the federal poverty level.

*The term funded slots is used to describe the total number of families served, at any time, throughout a fiscal year, contracted between OCDEL and the local implementing agency.

Family Support Needs Assessment Indicators

Maternal & Child Health Domain

LATE PRENATAL CARE

Indicator definition: Percent of births to mothers who did NOT initiate prenatal care in the first trimester

Data Source: Pennsylvania Vital Statistics annual report series

PRETERM BIRTH

Indicator definition: Percent of live births <37 completed gestational weeks

Data Source: National Vital Statistics System

(This indicator is included in Health Resources and Services Administration's simplified method)

LOW BIRTH WEIGHT

Indicator definition: Percent of live births <2500 grams at birth

Data Source: National Vital Statistics System

(This indicator is included in HRSA's simplified method.)

NEONATAL INTENSIVE CARE UNIT (NICU) ADMISSION

Indicator Definition: Percent of live births admitted to a neonatal intensive care unit

Data source: Definitions: Birth Records, Pennsylvania Department of Health, Bureau of Health Statistics and Research

NICU admission information was extracted from individual birth certificates. The county-level percent of NICU admissions among all live births was calculated by PolicyLab. For the purposes of birth certificate reporting, the Centers for Disease Control and Prevention defines NICU admission as "admission into a facility or unit staffed and equipped to provide continuous mechanical ventilator support for the newborn." (Birth Edit Specifications for the 2003 Proposed Revision of the U.S. Standard Certificate of Birth.http://www.cdc.gov/nchs/data/dvs/birth_edit_specifications.pdf.)

LATE/NO BREASTFEEDING INITIATION

Indicator definitions: Percent of live births who were NOT breastfed at hospital discharge

Data source: Birth Records, Pennsylvania Department of Health, Bureau of Health Statistics and Research

Breastfeeding information was extracted from individual birth certificates. The county-level percent of late/no breastfeeding initiation among all live births was calculated by PolicyLab. In the birth certificate, breastfeeding status is assessed using the question: "Is the infant breastfed at discharge?" with the responses listed as "yes" or "no."

INFANT MORTALITY

Indicator definition: Infant mortality rate per 1,000 live births

Numerator: County-level number of infant deaths in 2016 were accessed from PA Department of Health (https://www.health.pa.gov/topics/HealthStatistics/VitalStatistics/DeathStatistics/Documents/Death_InfantAgeSexRaceYear_PA_2012_2016.pdf)

Denominator: county-level number of live births in 2016 were accessed from PA Department of Health.

CHILD MORTALITY

Indicator definition: Child death rate per 1,000 residents aged 0 to 4

Numerator: County-level numbers of child deaths under age 5 in 2016

Data source for numerator: Pennsylvania Department of Health

Denominator: County-level numbers of residents aged 0-4

Data source for denominator: U.S. Census of Population and Housing Unit 2016 Estimates

MATERNAL DEPRESSION

Indicator definition: Prevalence of diagnosed depression in the 2016 calendar year among Medicaid-enrolled women who were pregnant or gave birth during 2014-2016

Data source: Medicaid Claims, Pennsylvania Department of Human Services Office of Medical Assistance Programs, and Birth Certificate Records, Pennsylvania Department of Health, Bureau of Health Statistics and Research

Denominator: Pregnant women or those who gave birth during 2014-2016. This population was identified with a linkage of birth certificate records with Medicaid eligibility files.

Numerator: Women with presence of depression diagnosis in outpatient or inpatient encounter claims in the 2016 calendar year. Depression was identified using International Classification of Diseases, 10th Revision (ICD-10) diagnostic codes.

WELL-BABY VISITS/WELL-CHILD VISITS

Indicator definition: Median number of well-child visits among Medicaid-enrolled children aged less than 1 year and children aged 1-5 years

Data source: Medicaid Claims, Pennsylvania Department of Human Services Office of Medical Assistance Programs

We identified Medicaid claims for well-child visits using International Classification of Diseases, 10th Revision (ICD-10) diagnostic codes and Current Procedural Terminology (CPT) codes in outpatient encounters.

The median number of well-child visits per child in each specified age range was calculated for each county.

RACIAL DISPARITY IN LOW BIRTH WEIGHT

Indicator definition: Ratio of low birth weight-rate in births born to Black mothers to low birth weight-rate in births born to White mothers

Data Source: Birth Certificate Records, Pennsylvania Department of Health, Bureau of Health Statistics and Research

Birth weight and mother's race were obtained from birth certificates. Low birth weight-rate is defined as percent of live births <2500 grams at birth.

Substance Use Domain

POSTPARTUM HIGH-RISK OPIOID USE

Indicator definition: Rate of mothers filling >=2 opioid prescriptions in the 2017 calendar year among Medicaid-enrolled mothers who delivered live births during 2015-2016

Data source: Medicaid Claims, Pennsylvania Department of Human Services Office of Medical Assistance Programs and Birth Certificate Records, Pennsylvania Department of Health, Bureau of Health Statistics and Research

Denominator: Women who delivered live birth during 2015-2016. This population were identified through linking birth certificate data with Medicaid eligibility file.

Numerator: We identified filled opioid prescriptions in pharmacy claims in 2017. Opioid

medications were identified using GC3 therapeutic class codes (abbreviated Hierarchical Ingredient Code). Number of opioid prescriptions were calculated for each mother. High-risk opioid use is flagged as the presence of >=2 opioid prescriptions in the 2017 calendar year among new mothers.

SUBSTANCE TREATMENT FACILITIES

Indicator definition: Number of substance treatment facilities per 100,000 residents

Data source: Substance Abuse and Mental Health Services Administration (SAMHSA) Behavioral Health Treatment Services Locator

The Behavioral Health Treatment Services Locator is a product of SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ). The Locator is compiled from responses to the National Survey of Substance Abuse Treatment Services and the National Mental Health Services Survey.

The Behavioral Health Treatment Services Locator displays the street address at which services are provided. Organizations delivering services at different locations are requested to supply information about the services at each location, although a central intake number may be displayed if requested.

Eligible substance abuse and addiction treatment facilities include:

• Licensure/accreditation/approval to provide substance abuse treatment from the state substance abuse agency (SSA) or a national treatment accreditation organization (e.g., The Joint Commission, CARF, NCQA, etc.)

• Staff who hold specialized credentials to provide substance abuse treatment services

• Authorization to bill third-party payers for substance abuse treatment services using an alcohol or drug client diagnosis

MENTAL HEALTH TREATMENT FACILITIES

Indicator definition: Number of mental health treatment facilities per 100,000 residents

Data source: Substance Abuse and Mental Health Services Administration (SAMHSA) Behavioral Health Treatment Services Locator

Eligible mental health treatment facilities include:

• Facilities that provide mental health treatment services and are funded by the state mental health agency (SMHA) or other state agency or department

• Mental health treatment facilities administered by the U.S. Department of Veterans Affairs

• Private for-profit and nonprofit facilities that are licensed by a state agency to provide mental health treatment services, or that are accredited by a national treatment accreditation organization (e.g., The Joint Commission, NCQA, etc.)

Facilities that are not eligible for the Behavioral Health Treatment Services Locator include:

• Facilities that provide either mental health or substance abuse treatment exclusively to persons who are incarcerated

• Facilities whose primary or only focus is the provision of services to persons with Mental Retardation (MR), Developmental Disability (DD) or Traumatic Brain Injuries (TBI)

• Mental health professionals in private practice (individual) or in a small group practice not licensed or certified as a mental health clinic or (community) mental health center

BUPRENORPHINE PHYSICIANS

Indication definition: Number of Buprenorphine treatment practitioners per 100,000 residents

Data source: Substance Abuse and Mental Health Services Administration (SAMHSA)

SAMHSA evaluates the buprenorphine waiver program under the Drug Addiction Treatment

Act of 2000 (DATA 2000) and tracks the number of DATA-certified practitioners. SAMHSA uses the Online Request for Patient Limit Increase to implement the provisions of DATA 2000 that permit physicians to prescribe or dispense Buprenorphine.

IMPAIRED DRIVERS

Indicator definition: Number of vehicle crashes involving impaired drivers per 100,000 residents

Data source: Pennsylvania Department of Transportation (PennDOT)

Crash data is derived from the information that comes from a reportable crash. A reportable crash according to Title 75, Pennsylvania Consolidated Statutes, Section 3746(a) is: "An incident that occurs on a highway or traffic way that is open to the public by right or custom and involved at least one motor vehicle in transport". An incident is reportable if it involves: 1) Injury to or death of any person, or 2) Damage to any vehicle to the extent that it cannot be driven under its own power in its customary manner without further damage or hazard to the vehicle, other traffic elements, or the roadway, and therefore requires towing; 3) Crash data does not include non-reportable crashes or near misses; 4) Crash data may not contain complete information, some elements may be unknown.

Data obtained from the PennDOT Open Data Portal are CSV files. These files are:

•"CRASH": Information about the crash such as: 1) Where: County, Municipality, Work zone; 2) When: Date, Time, Day of Week, Hour of Day, Month of Year; 3) Item Counts: People, Vehicles, Unbelted, Fatal, etc.

•"FLAG": Series of Yes/No items that help refine lookups for specific factors about the crash such as: Drinking Driver, Use of a Cell Phone, Fatal Crash, Motorcycle involved, and over 60 other crash-defining items.

OVERDOSE DEATHS

Indicator definition: Rate of overdose deaths per 100,000 people aged 15-64 years

Data source: OverdoseFreePA

In 2015 and 2016, the Drug Enforcement Administration (DEA) Philadelphia Field Division (PFD) requested information on drug-related overdose deaths from Pennsylvania's coroners and medical examiners for deaths that occurred in 2017. In 2017, Pennsylvania coroners and medical examiners reported 5,456 drug-related overdose deaths (ruled accidental or undetermined). This number represents a rate of 43 deaths per 100,000 people, ranged from 0 to 77 among individual counties. Between 2015 and 2017, there was a 65% increase in the number of drug-related overdose deaths in Pennsylvania.

OverdoseFreePA.org is operated by the Pennsylvania Overdose Prevention Technical Assistance Center (TAC) and is a collaboration between the TAC, Pennsylvania communities and six partner organizations. The TAC is based out of the Program Evaluation and Research Unit (PERU) at the University of Pittsburgh's School of Pharmacy.

OPIOID OVERDOSE HOSPITALIZATIONS

Indicator definition: Rate of hospitalizations for opioid overdose (heroin and opioid pain medicine combined) per 100,000 residents aged 15 and above

Data source: Pennsylvania Health Care Cost Containment Council (PHC4)

This analysis is restricted to Pennsylvania residents aged 15 and older who were hospitalized in Pennsylvania general acute care hospitals.

NEONATAL ABSTINENCE SYNDROME

Indicator definition: Rate of Neonatal Abstinence Syndrome (NAS) per 1,000 newborn hospital stays

Data source: Pennsylvania Health Care Cost Containment Council (PHC4)

Countywide counts of newborn hospital stays with Neonatal Abstinence Syndrome (NAS) and countywide rates of newborn hospital stays with NAS per 1,000 newborn stays. NAS, or neonatal drug withdrawal, is an array of problems that develops shortly after birth in newborns who were exposed to addictive drugs, most often opioids, while in the mother's womb. Withdrawal signs develop because these newborns are no longer exposed to the drug for which they have become physically dependent. This analysis is restricted to newborns with Pennsylvania-state residence who were hospitalized in Pennsylvania hospitals.

PREGNANCY AND POSTPARTUM SUBSTANCE USE DISORDER

Indicator definition: Rate of diagnosed substance use disorder in the 2016 calendar year among Medicaid-enrolled mothers who were pregnant or delivered live births during 2014-2016

Data source: Medicaid Claims, Pennsylvania Department of Human Services Office of Medical Assistance Programs and Birth Certificate Records, Pennsylvania Department of Health, Bureau of Health Statistics and Research

Denominator: Pregnant women or women who gave live birth in 2014-2016. This population was identified using a linkage of birth certificate records with Medicaid eligibility files.

Numerator: Diagnosis of substance use disorder was identified using International Classification of Diseases, 10th Revision (ICD-10) diagnostic codes from inpatient and outpatient encounters.

ALCOHOL USE DISORDER

Indicator definition: Prevalence rate of Alcohol Use Disorder among individuals aged 12 and older

Data source: Substance Abuse and Mental Health Services Administration (SAMHSA) -

National Survey of Drug Use and Health

(This indicator is included in HRSA's simplified method.)

The National Survey on Drug Use and Health (NSDUH) provides estimates of substance use and mental illness at the national, state and sub-state levels.

NSDUH collects data through face-to-face interviews with residents of households who are: U.S. civilians, older than 12 years old, and not institutionalized. The Substate Reports use three years of combined NSDUH data (with one year overlapping) and provide state estimates for a subset of measures of substance use and mental health outcomes. These estimates are based on an small area estimation (SAE) methodology in which substate-level NSDUH data are combined with county and census block group and tract-level data from the 50 states and the District of Columbia. Definitions for Pennsylvania sub-state region in NSDUH 2014-2016 can be found at https://www.samhsa.gov/data/report/2014-2016-nsduh-substate-region-definitions.

MARIJUANA USE

Indicator definition: Prevalence rate of marijuana use in the month before survey completion among individuals aged 12 and older

Data source: Substance Abuse and Mental Health Services Administration (SAMHSA) - 2014-2016 National Survey of Drug Use and Health

(This indicator is included in HRSA's simplified method.)

Measures of use of marijuana in the respondent's lifetime, the past year, and the past month were derived from responses to the question about recency of use: "How long has it been since you last used marijuana or hashish?" The question about recency of use was asked if respondents previously reported any use of marijuana or hashish in their lifetime. Responses to separate questions about use of cigars with marijuana in them (blunts) were not included in these

measures. Creation of these measures did not take into account responses to questions that have been included in the survey since 2013 about use of marijuana in the past 12 months that was recommended by a doctor or other health care professional.

COCAINE USE

Indicator definition: Prevalence rate of cocaine use in the year before survey completion among individuals aged 12 and older

Data source: Substance Abuse and Mental Health Services Administration (SAMHSA) – 2014-2016 National Survey of Drug Use and Health

(This indicator is included in HRSA's simplified method)

Measures of use of cocaine, including powder, crack, free base, and coca paste, in the respondent's lifetime, the past year, and the past month were derived from responses to the question about recency of use: "How long has it been since you last used any form of cocaine?" The question about recency of use was asked if respondents previously reported any use of cocaine in their lifetime.

HEROIN USE

Indicator definition: Prevalence rate of heroin use in the year before survey completion among individuals aged 12 and older

Data source: Substance Abuse and Mental Health Services Administration (SAMHSA) - 2014-2016 National Survey of Drug Use and Health

(This indicator is included in HRSA's simplified method.)

Measures of use of heroin in the respondent's lifetime, the past year, and the past month were derived from responses to the question about recency of use: "How long has it been since you last used heroin?" The question about recency of use was asked if respondents previously

reported any use of heroin in their lifetime.

MATERNAL SMOKING DURING PREGNANCY

Indicator definition: Percent of children born to mothers who used tobacco during pregnancy

Data Source: Pennsylvania Vital Statistics annual report series

Socioeconomic Status Domain

POVERTY

Indicator definition: Percent of population living below 100% federal poverty level (FPL)

Data source: Census Small Area Income and Poverty Estimates

(This indicator is included in HRSA's simplified method.)

The U.S. Census Bureau's Small Area Income and Poverty Estimates (SAIPE) program provides annual estimates of income and poverty statistics for all school districts, counties and states.

Following the Office of Management and Budget's (OMB) Statistical Policy Directive 14, the Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is in poverty. If a family's total income is less than the family's threshold, then that family and every individual in it is considered in poverty. The official poverty thresholds do not vary geographically, but they are updated for inflation using the Consumer Price Index (CPI-U). The official poverty definition uses money income before taxes and does not include capital gains or noncash benefits (such as public housing, Medicaid and food stamps) (https://www.census.gov/topics/income-poverty/poverty/about.html).

CHILD POVERTY

Indicator definition: Percent of children under age 5 living below 100% FPL

Data source: Census Small Area Income and Poverty Estimates

(This indicator is included in HRSA's simplified method.)

INCOME INEQUALITY

Indicator definition: Gini coefficient

Data source: American Community Survey (ACS)

The ACS data provides demographic, social, economic and housing characteristic estimates on a rolling basis. The Gini index is a standard economic measure of income inequality. A score of 0.0 is perfect equality in income distribution. A score of 1.0 indicates total inequality where one household has all of the income.

UNEMPLOYMENT

Indicator definition: Unemployed percent of the civilian labor force

Data source: Bureau of Labor Statistics

(This indicator is included in HRSA's simplified method.)

TEENS NOT IN SCHOOL

Indicator definition: Percent of 16-19 year olds not enrolled in school with no high school diploma

Data source: American Community Survey

(This indicator is included in HRSA's simplified method.)

TEEN BIRTHS

Indicator definition: Number of births per 1,000 females aged 15-19

Data source: National Center for Health Statistics - Natality files

PUBLIC ASSISTANCE

Indicator definition: Percent of households with children under 18 years who have received SSI, Cash Assist or Supplemental Nutrition Assistance Program in the past 12 months

Data source: American Community Survey

The ACS data provides demographic, social, economic and housing characteristic estimates on a rolling basis. The ACS question about SNAP identifies households in which one or more current members received SNAP during the past 12 months. Data reflect households, not individuals. If any person living at the sample address at the time of the interview received SNAP in the past 12 months, then the household is included in the estimate of SNAP participation.

RENTERS WHO ARE COST BURDENED

Indicator definition: Percent of households with cost burdens (paying more than 30% of their total household income for housing).

Data source: U.S. Census, Federal Reserve Bank

WIC REDEMPTIONS

Indicator definition: Per capita dollar amount of Women, Infant, and Children Nutrition Program redemptions

Data source: Department of Agriculture

CHILD FOOD INSECURITY

Indicator definition: Percent of children living in households that experienced food insecurity at some point during 2017

Data source: Feeding America

Food security measures the household-level economic and social condition of limited or uncertain access to adequate food. It is assessed

in the Current Population Survey and represented in United States Department of Agriculture food security reports. The child food insecurity estimates are derived from the same questions used by the USDA to identify food insecurity in households with children.

Child Safety & Maltreatment Domain

CHILD MALTREATMENT

Indicator definition: Number of substantiated child maltreatment victims under 18 years old

Data source: Pennsylvania Department of Human Services, Office of Children, Youth and Families (OCYF)

Child protective services reports are those that allege a child might have been a victim of child abuse and are made by mandated and permissive reporters. In Pennsylvania, the county children and youth agencies (CCYA) immediately begin an investigation upon receipt of a report of suspected maltreatment. A child abuse investigation must determine within 30 days whether the report is: 1) "Founded" (there is court action, including: a judicial adjudication that the child was abused, acceptance into an accelerated rehabilitative disposition program, consent decree entered in a juvenile proceeding, or granting of a final protection from abuse order); 2) "Indicated" (CCYA or OCYF Regional Office staff find substantial evidence that abuse has occurred based on medical evidence, the child protective service investigation, or an admission by the perpetrator); 3) "Unfounded" (the alleged abuse did not meet the definition or criteria for abuse); or 4) "Pending." In OCYF data, "founded" and "indicated" reports of child abuse are referred to as "substantiated" reports.

SUBSTANTIATED YOUNG CHILD ABUSE AND NEGLECT

Indicator definition: Number of substantiated child abuse and neglect per 1,000 children aged 0-4

Data source: Pennsylvania Department of Human Services, Office of Children, Youth and Families

Substantiated abuse includes: children for whom a judge has found abuse and children determined to have experienced abuse based on medical evidence, the child protective services investigation or an admission by the perpetrator.

ABUSE AGAINST PREGNANT AND POSTPARTUM WOMEN

Indicator definition: Rate of diagnosed abuse in the 2016 calendar year among Medicaid-enrolled pregnant women or women who gave live birth during 2014-2016

Data source: Medicaid Claims, Pennsylvania Department of Human Services Office of Medical Assistance Programs and Birth Certificate Records, Pennsylvania Department of Health, Bureau of Health Statistics and Research

Denominator: Pregnant women or women who gave birth in 2014-2016. This population was identified using a linkage of birth certificate records with Medicaid eligibility files.

Numerator: Diagnosis of adult abuse was identified using International Classification of Diseases, 10th Revision (ICD-10) diagnostic codes in inpatient and outpatient encounters. Diagnoses included: 1) adult physical /sexual /psychological abuse or neglect, 2) encounter for mental health services for victim of spousal or partner abuse, and 3) physical abuse complicating pregnancy, childbirth and the puerperium.

DOMESTIC VIOLENCE-RELATED DEATHS AMONG WOMEN OF CHILDBEARING AGE

Indicator definition: Number of domestic violence-related deaths per 1,000 female aged 15-50 years

Data source: Pennsylvania Coalition against Domestic Violence (PCADV)

PCADV compiles its annual list based on news accounts, police departments and information received from 59 local domestic violence programs serving all 67 counties. PCADV uses a conservative method of identifying domestic violence-related deaths. The death count does not include cases where no arrests have been made or where the relationship between the victim and perpetrator is unclear.

The numerator of this indicator is number of victims that have the following characteristics: 1) female; 2) relationship to perpetrator: girlfriend; ex-girlfriend; wife; current intimate partner; former intimate partner; domestic violence-related; 3) aged 15-50 years at the time of death. The denominator of this indicator is number of female residents aged 15-50 years in each county, based on data from census.

PROTECTION FROM ABUSE ORDER

Indicator definition: Number of judge-granted protection from abuse orders per 1,000 residents

Data source: PA Courts

The numerator of this indicator is the number of final orders on protection from abuse petition following an evidentiary hearing before a judge by county. The denominator is the total population in each county.

INFANT AND YOUNG CHILD NON-SUPERFICIAL INJURY

Indicator definition: Prevalence of children having non-superficial injury during the first year of life (for infant) or during the first 5 years of life (for young child) per 1,000 Medicaid-enrolled children

Data source: Medicaid Claims, Pennsylvania Department of Human Services Office of Medical Assistance Programs

Diagnosis of non-superficial injury was identified using International Classification of Diseases, 9th Revision (ICD-9) codes in children's outpatient and inpatient encounters. Non-superficial injuries include: dislocation, fracture, and crush injuries, poisonings and burns. Car accident injuries were excluded.

SUBSTANCE USE NEED

Indicator definition: Composite need score of a set of substance use disorder related indicators

Data source: Multiple sources (see Substance Use Domain for details)

PolicyLab derived a composite score that summarizes the overall need level of a set of indicators in the substance use domain, including: postpartum high-risk opioid use; impaired drivers; overdose deaths; opioid overdose hospitalization; neonatal abstinence syndrome; pregnancy and postpartum substance use disorder; alcohol use disorder; marijuana use; cocaine use; heroin use; and maternal smoking during pregnancy.

CHILD WELFARE IN-HOME SERVICES

Indicator definition: Percent of children under 18 receiving child welfare in-home services

Data source: Pennsylvania Department of Human Services, Office of Children, Youth and Families

The numerator of this indicator is number of children who received services provided to both parents and children to address concerns related to child safety and well-being to enable the children to remain safely in their own home by county. This includes children whose families were screened-in and/or accepted for services. The denominator is number of children under 18 years old in each county.

Community & Environment Domain

SNAP-AUTHORIZED STORES

Indicator definition: Number of SNAP-authorized stores per 1,000 families

Numerator: Number of SNAP-authorized stores in each county

Data source for numerator: USDA

SNAP benefits are issued to qualifying low-income individuals to supplement their ability to purchase food. Eligibility is determined by state authorities' interpretations of federal regulations. The USDA pays the cost of the assistance. Data on SNAP, formerly known as the Food Stamp Program, come from the Food and Nutrition Service of USDA's SNAP Benefits Redemption Division. The SNAP Retailer Locator at the USDA website contains a list of all retailers that accept SNAP payments (sometimes known as food stamps).

Denominator: Number of families with children

Data source for denominator: Census

WIC-AUTHORIZED STORES

Indicator definition: Number of WIC-authorized stores per 1,000 families with children under age 6

Numerator: Number of WIC-authorized stores in each county

Data source for numerator: USDA

Data on the WIC program come from the Food and Nutrition Service of USDA's Program Analysis and Monitoring Branch, Supplemental Food Programs Division.

Denominator: Number of children under 6

Data source for denominator: Census

LOW INCOME AND LOW ACCESS CENSUS TRACTS

Indicator definition: Percent of census tract with low income and low access

Data source: USDA

The Food Access Research Atlas is a project of the Economic Research Service, the economic information and research division of the USDA. The Atlas contains data about food access and can be used for determining eligibility for Healthy Food Financing Initiative funds.

Low access to healthy food is defined as being far from a supermarket, supercenter or large grocery store. A census tract has low access status if a certain share of individuals in the tract live far from a supermarket. There are various measures for distance from a supermarket that this data uses. The original Food Desert Locator (which this replaces) defined low access as living 1 mile away from a supermarket in urban areas and 10 miles away in rural areas. This study adds measures for 0.5 miles in urban areas and 20 miles in rural areas. Using these distance measurements, a census tract is defined as low access if there are at least 500 people or 33% of the population within the tract with low access.

Low-income tracts are defined as where the tract's poverty rate is greater than 20%, the tract's median family income (MFI) is less than or equal to 80% of the statewide MFI, or the tract is in a metropolitan area and has an MFI less than or equal to 80% of the metropolitan area's MFI.

HOSPITALS

Indicator definition: Number of hospital beds per 1,000 residents

Data source: HRSA

Data on hospitals are from the HRSA Geospatial Database. These geocoded locations from the HRSA Geospatial Data Warehouse are from a "Provider of Service" extract from the Online Survey and Certification Reporting System

database maintained by Centers for Medicare and Medicaid services. They are included in the HRSA Warehouse because they are the most readily obtainable data on various classes of health care facility such as hospitals, hospices, rural health clinics, etc. The hospitals are those facilities participating in Medicare and Medicaid Services for individuals requiring temporary or long-term medical treatment.

COMMUNITY HEALTH CENTERS

Indicator definition: Number of community health centers, Federally Qualified Health Centers, and look-alikes per 100,000 residents

Data source: HRSA

This dataset includes FQHCs that are receive funding under the Health Center Cluster federal grant program to provide care for underserved populations. The types of providers eligible include Community Health Centers, Migrant Health Centers, Health Care for the Homeless Programs, Public Housing Primary Care Programs and care providers for some tribal organizations.

This data set also includes the community health centers that are eligible but not currently receiving grant funding. Although they are not receiving grants, these providers—or "look-alikes"—are eligible for some benefits including enhanced reimbursement from Medicare and Medicaid. Mapping both FQHCs and "look-alikes" might provide a fuller picture of the health care safety net in a community.

PRIMARY CARE PHYSICIANS

Indicator definition: Number of primary care physicians per 1,000 residents

Data source: HRSA

Primary care physicians included in this data are physicians (both MDs and DOs) who are providing hospital patient care. MDs and DOs are included all physicians and residents who are providing patient care in the fields of Family Medicine,

Internal Medicine, General Practice, Surgery, Obstetrics and Gynaecology and Pediatrics.

PEDIATRIC DENTISTS

Indicator definition: Number of active clinical pediatric dentists per 1,000 children under age 18

Data source: American Dental Association (shared by PA Coalition for Oral Health)

CRIMES

Indicator definition: Number of reported crimes per 1,000 residents

Data source: Institute for Social Research - National Archive of Criminal Justice Data

(This indicator is included in HRSA's simplified method.)

JUVENILE ARRESTS

Indicator definition: Number of crime arrests ages 0-17 per 100,000 juveniles aged 0-17

Data source: Institute for Social Research - National Archive of Criminal Justice Data

(This indicator is included in HRSA's simplified method.)

LIBRARIES

Indicator definition: Number of libraries per 100,000 residents

Data source: Institute of Museum and Library Services (IMLS)

The Public Libraries Survey (PLS) is conducted annually by the IMLS. The data file includes all public libraries and outlets identified by state library agencies. Library outlet locations include central libraries, branches and bookmobiles. Points were geocoded by IMLS based on addresses provided by the survey respondent (library administrator).

The original data provides geocoded locations

of libraries. To aggregate the data to the county level, PolicyLab calculated the number of libraries in each county. To account for the difference in population size, we added the total number of residents as the denominator and used the "number of libraries per 100,000 residents" as the indicator.

PUBLIC TRANSIT IN URBAN COUNTIES

Indicator definition: Performance score in six urban counties (Delaware, Chester, Montgomery, Bucks, Philadelphia and Allegheny)

Data source: AllTransit

AllTransit is a broad transit database developed and assembled by the Center for Neighborhood Technology (CNT) and designed to comply with the General Transit Feed Specification (GTFS).

AllTransit metrics:

• Transit Connectivity Index (TCI): The TCI is an index scaled by the number of transit trips the average household in a block group can access by walking each week. The TCI is a measure of how connected the average household member is to the availability of a transit ride. This is a placed-based measure that is derived by examining the proximity of all transit routes, and the area covered by each route at different distances.

• Performance Score: The Performance Score has values from 0 to 10, where the higher the number the better the transit service. It is a weighted sum of transit connectivity (TCI), access to land area and jobs, and frequency of service. It combines with the TCI, described above, that measures "can I get transit" with the jobs accessible in 30-minute transit ride, which measures "what can I get to once I am on transit," and combines them in a way that is reflective of what fraction of people use transit for a given type of trip—their journey to work— answering the question "how should I get to work?"

CAR OWNERSHIP IN RURAL COUNTIES

Indicator definition: Percent of census tracts with low car ownership in 61 rural counties

Data source: American Community Survey

ACS asks one question about how many vehicles are available in a household to understand access to transportation. The answers to this question were compiled by CDC as percentage of households in each census tract with no vehicle available. PolicyLab then described the distribution of this percentage in all census tracts in Pennsylvania rural areas. We defined census tract with low car ownership as a census tract with more than 6% (median in census tracts in Pennsylvanian rural areas) of households with no vehicle available. We then further calculated the percent of census tracts with low car ownership in each county.

ENVIRONMENTAL QUALITY

Indicator definition: Average index score of potential exposure to harmful toxins

Data source: National Air Toxics Assessment (NATA) data

The environmental health hazard exposure index summarizes potential exposure to harmful toxins at a neighborhood level. Potential health hazards exposure is a linear combination of standardized EPA estimates of air quality carcinogenic (c), respiratory (r) and neurological (n) hazards. Values are inverted and then percentile ranked nationally. Values range from 0 to 100. The higher the index value, the less exposure to toxins harmful to human health. Therefore, the higher the value, the better the environmental quality of the area.

To aggregate the data to county level, PolicyLab used the median of index scores of census tracts within each county to represent the average environmental hazard exposure of each county.

CHILDREN BLOOD LEAD LEVEL

Indicator definition: Percent of tested children with confirmed elevated blood lead level (BLL)

Data source: CDC National Childhood Blood Lead Surveillance Data

CDC's childhood blood lead surveillance system integrates information collected by state and local health departments. CDC applies nationally consistent standard definitions and classifications for blood lead surveillance data from all states: confirmed elevated blood lead level is defined as a child with one venous blood test ≥ 5 µg/dL or two capillary blood tests ≥ 5 µg/dL drawn within 12 weeks of each other. In addition, CDC applies rigorous error-checking and validation algorithms to the data submitted to ensure only one test per individual per year is counted. (Therefore, the information available from CDC will not match data reports from the individual states because states may use different case definitions for clinical and environmental management.)

In this project, we used percent of children with elevated BLLs as the indicator: the number of children less than 72 months of age with a confirmed elevated BLL divided by the number of children less than 72 months of age tested for BLL.

RESIDENTIAL SEGREGATION

Indicator definition: Index of dissimilarity where higher values indicate greater residential segregation between Black and White county residents

Data source: Census; County Health Ranking

Residential segregation of Black and White residents is considered a fundamental cause of health disparities in the U.S. and has been linked to poor health outcomes, including mortality, a wide variety of reproductive, infectious and chronic diseases, and other adverse conditions. Structural racism is also linked to poor-quality housing and disproportionate exposure to environmental toxins. Individuals living in segregated neighborhoods often experience increased violence, reduced educational and employment opportunities, limited access to quality health care and restrictions to upward mobility. Racial/ethnic residential segregation refers to the degree to which two or more groups live separately from one another in a geographic area. The index of dissimilarity is a demographic measure of the evenness with which two groups (Black and White residents, in this case) are distributed across the component geographic areas (census tracts, in this case) that make up a larger area (counties, in this case).

The residential segregation index ranges from 0 (complete integration) to 100 (complete segregation). The index score can be interpreted as the percentage of either Black or White residents that would have to move to different geographic areas in order to produce a distribution that matches that of the larger area. A missing value is reported for counties with Black population less than 100 in the time frame.

Child Care Domain

REGULATED CHILD CARE

Indicator definition: Number of regulated child care providers per 100 children under 3 years old

Data source: Pennsylvania Department of Education's Office of Child Development and Early Learning

The regulated providers include center, group and family child care. The number of providers does not include private licensed nursery schools, head start providers or school districts offering pre-K.

HIGH-QUALITY CHILD CARE

Indicator definition: Percent of regulated child care providers meeting high-quality standards

Data source: Pennsylvania Departments of Education and Human Services, Office of Child

Development and Early Learning. The percent is calculated by dividing the number of child care providers with Keystone STAR 3 or 4 designation by the number of total regulated providers.

SUBSIDIZED CHILD CARE

Indicator definition: Percent of children 0-5 eligible for Child Care Works (CCW) who were served by CCW

Data source: Pennsylvania Departments of Education and Human Services, Office of Child Development and Early Learning

Child care subsidies are available to low-income working families to increase the opportunity for parents to obtain high-quality child care for their children while they work. The percent is calculated by the number and infants, toddlers and preschool-age children enrolled through the CCW-subsidized child care system divided by the number of children under 5 years who are eligible (i.e., have all available parents in the labor force and live below 200% poverty).

QUALITY OF SUBSIDIZED CHILD CARE

Indicator definition: Percent of children aged 0-5 receiving subsidized child care in Keystone STARS 3 or 4 facilities

Data source: Pennsylvania Departments of Education and Human Services, Office of Child Development and Early Learning.

The percent is calculated by the number and infants, toddlers and preschool-age children receiving subsidized child care in Keystone STARS 3 or 4 facilities divided by the total number of children under 5 years enrolled through the Child Care Works subsidized child care system.

PUBLICLY FUNDED PRE-K

Indicator definition: Percent of children aged 3-4 below 300% poverty with access to publicly funded, high-quality pre-K

Data source: Pennsylvania Departments of Education and Human Services, Office of Child Development and Early Learning

Publicly funded, high-quality pre-K includes the distinct count of PA Pre-K Counts, Head Start Supplemental Assistance Program and CCW enrollments in Keystone STARS 3 and 4; Head Start; and school district pre-K.

Promising Practices Collection

The Community Survey asked respondents to nominate promising practices happening in their community. These responses were collated and those with relevance to maternal, child and/or family health are shared in this appendix. Submissions below are presented **as described** by community survey respondents and may not be representative of the program's or organization's full scope of work. We included in this list submissions with a description of a program outside of traditional home visiting programs or models.

COMMUNITY SURVEY QUESTION:

In an effort to utilize a strengths-based approach to the 2020 Family Support Needs Assessment, we are planning to highlight a few promising and innovative practices from across Pennsylvania.

Please identify and briefly describe one practice or initiative outside of traditional home visiting that you believe has been especially impactful in addressing a need in the community that you serve. This can be a practice from your own program that you are proud of or another program you know.

1. **Allegheny, Families Outside Transportation Program,** is a program that transports families once a month to local prisons to visit loved ones. The goal of the program is to allow families to maintain relationships while dealing with incarceration.

2. **Allegheny, Center for Urban Breastfeeding,** housed within Healthy Start Pittsburgh, provides culturally appropriate services to Black mothers in the community. They also train women from the community interested in developing responses to community needs as community health workers.

3. **Allegheny, PRIDE (Positive Racial Identity Development in Early Education),** is a program helping Black children understand race and how to embrace their ethnicity and heritage.

4. **Allegheny, South Hills Interfaith Movement (SHIM) Youth Mentoring Program,** works primarily with refugee teens in the area who come to be mentored in a group setting by volunteers from the larger community. They provide much needed support to the teens in areas of homework help, college preparation and applications, cross-cultural team and character building and self-esteem work. A sub program of this is the RoX (Ruling Our eXperiences), which SHIM administers at the local elementary school for 5th grade girls working issues of self-esteem, bullying, self-care and girls' empowerment.

5. **Blair, Healthy Blair County Coalition,** conducts a community needs assessment, shares the results and organizes workgroups to address identified needs.

6. **Bucks, Fresh Connect,** is a free farmers market that brings fresh produce and fruit to those in need at three locations in Bucks County.

7. **Chester, Chesco Life Program,** is a free program funded by Chester County that provides family support and help with health care navigation, school navigation, identification of resources, and problem solving for families who have children with special needs or who have concerns about their children. Specific to mental health care and need for services.

8. **Clearfield, CenClear Young Parents Group,** is a forum for young/teen parents to come together for mutual support, parenting info, nutrition info, etc. Multiple respondents identified the work that CenClear is doing in various areas.

9. **Crawford, Common Roots,** is a nonprofit, grassroots organization that helps build or improve housing for families across the community.

10. **Cumberland, Project Share,** is a hunger relief organization that hosts "lunch and learns" for families during the summer. This is both a free educational summer camp opportunity and feeding program.

11. **Erie, Erie County Public Library Idea Lab,** provides a free makerspace for adults to explore 3D printing, vinyl cutting, sewing, soldering and more. Classes are provided to teach needed skills and all are welcome in the space. Particularly, the program teaches women and adults in general skills needed to create small business and entrepreneurial opportunities. Several Erie organizations run contests through the library to identify business ideas. The Idea Lab also partners with Bridgeway Capital to create opportunities for people from minority groups to create and grow businesses. People from minority populations, primarily women, are taught necessary skills and encouraged to open businesses.

12. **Erie, Student Parenting Program Driver's Education,** addresses one of the greatest barriers in our community and program: transportation. The Student Parenting Program finds funding to assist teens with driver's education, permit obtainment, driving lessons and getting a driver's license. This opens opportunities for independence, self-sufficiency and employment options, and improves family health needs. The local high schools do not offer driver training support, so we work to fill this void and address the transportation barrier.

13. **Forest, Titusville Regional Literacy Council,** recently expanded to Forest County and provides family literacy services. Parents can earn their GED or receive help with reading, math or other basic skills to prepare for the job market while their children work with the early childhood educator.

14. **Franklin, Sensory Friendly Story Time at the Library,** allows parents and children to participate in community activities that are designed to be fun for all.

15. **Lackawanna, Outreach Incarceration Programs,** has a recidivism reduction program that works with youth incarcerated in the Lackawanna County Prison. This program works on life skills such as anger management, recovery issues, workforce development, Cognitive Behavioral Therapy, mindfulness, budgeting and finance, criminal and addictive thinking, and parenting, as well as other topics. They also have a reintegration program for families with incarcerated loved ones to help with the transition of reentry.

16. **Lackawanna, NEPA Youth Shelter,** fulfills a need of taking care of our children, especially the forgotten teens in our area; this agency is currently open in the afternoon and evenings, but is trying to get funding for overnight care for our community teens.

17. **Lackawanna, Support Group for Children of Incarcerated Parents**, is a new program through Marley's Mission. Marley's Mission is a nonprofit organization that provides equine-based therapy free of charge to children, and their families, who have experienced trauma.

18. **Lawrence, A 3-County Approach to Trauma Workgroup,** attempts to gather leaders serving with or working with children ages birth through kindergarten and their families within Butler, Lawrence, and Mercer Counties to identify best practices and gaps within our community approach to trauma.

19. **Lawrence, Teen Outreach Program,** provides at-risk youth in the community an opportunity to connect with community members to work on community service learning activities that make a viable impact on the community. It keeps the youth away from crime and gives them an outlet that has strong adult role models.

20. **Lehigh, Community Services for Children SafeStart Program,** is a center-based program geared towards children and families impacted by drug and alcohol abuse, colocation with CYS caseworkers, transportation, and therapeutic and developmental services for kids 8 hours a day from birth to three.

21. **Lehigh, Conference of Churches Pathways Housing Program,** is working to assist families with housing, and has an initiative to help families with substance use disorder or opioid use disorder exposure.

22. **Lehigh, Manito Life Center Equine-Assisted Therapy,** has individualized programs of equine assisted activities and therapies, providing community members with innovative approaches to healing and wellness. Children who struggle to progress in traditional settings often achieve success when they are out in the open air with awe-inspiring animals and a professional team of certified instructors and therapists. There are numerous physical, emotional, and cognitive benefits that children may realize in therapeutic riding and equine-assisted activities, including improvement in core strength, balance, dexterity and motor planning. It is common for individuals to find relief from depression, increased focus, communication skills, life and coping skills, a sense of joy and the building of resilience. We work with educators to help enhance the IEPs of children who may have discovered new approaches to learning while working with a horse as their partner.

23. **Luzerne, CEO Children's Produce Market,** provides fresh produce to families who may have difficulty affording it.

24. **Mercer, The Middle School Initiative,** provides all middle schoolers with a free YMCA membership so they can walk to the YMCA after school. The activities offered during the time they are at the Y include tutoring, group games, hangout area, etc.

The YMCA provides staff and young adults to mentor the students and provide positive interactions while teaching the four core values of the Y: respect, responsibility, honesty and caring. This gives the parents a safe place for their pre-teens/teens to go between the hours of 2:30-5:30 p.m. Monday to Friday. The program is funded by donors.

25. **Mifflin, Community Partnerships Resource Conservation Development Council Cookshops,** offers free cooking classes for families. Community Partnerships RC&D Council, Inc. is a locally led nonprofit dedicated to improving quality of life in rural Pennsylvania.

26. **Monroe, Smile Mobile Dental Clinic,** helps make children more comfortable going to the dentist at school with affordable pricing.

27. **Montgomery, William Jeanes Memorial Library Connecting Exceptional People Program,** is an after-hours social program aimed at young adults (16+) with special needs, to help them form social bonds as they transition out of the school system. It is free and open to anyone, regardless of residency. It is held monthly at the William Jeanes Memorial Library, in Lafayette Hill, in partnership with the Whitemarsh Township Parks and Recreation Department. It is primarily funded by grants, has been running for more than three years, and has won an award by the Pennsylvania State Department of Recreation and Parks.

28. **Northampton, United Way Resilient Lehigh Valley,** is a bi-county initiative and United Way is the backbone organization. Resilient LV is a cross-sector coalition dedicated to creating a trauma-informed and resilient Lehigh Valley by: providing trauma awareness and trauma-informed practices training to any and all interested agencies and community groups; creating a community awareness campaign to raise awareness of trauma, its impact on brain development and tips on building resilience;

sharing best practices in trauma-informed care and resiliency-building strategies; advocating for trauma-informed legislation, policies and funding streams with our state legislature; and aligning existing resources and securing new resources to provide more resiliency.

29. **Philadelphia, Health Federation Trauma Therapy in SUD Treatment Initiative,** is a pilot program in two Philadelphia women and children substance use disorder treatment programs, which provides Child Parent Psychotherapy and Mothering From the Inside Out. The project provides services focused on enhancing attachment, bonding, and overall child-parent relational health and well-being starting pre-birth to age 5.

30. **Philadelphia, African Family Health Organization Commencements Sains,** has a maternal and child health program (Commencements Sains) that is a culturally and linguistically sensitive home, site, community, and clinic-based program for at-risk pregnant African and Caribbean immigrant women and girls in Philadelphia. This program focuses on prenatal and postnatal care and needs via clinician, client manager and peer support. They provide healthy baby and healthy mother education and support including pre and postnatal care, breastfeeding, family planning and general life skills education and information during pregnancy.

31. **Philadelphia, Lutheran Settlement House Stop IPV Program,** places domestic violence advocates in local hospitals to train staff on how to screen and respond to domestic violence in their patients and families, as well as offers immediate on-site support to survivors. It also has a program called Socha that works with male-identified members of the community to reduce toxic masculinity in our daily lives.

32. **Philadelphia, Project Impact,** offers mentoring, videotaping and discussion so providers are trained to fidelity in working with and teaching families to implement home-based strategies aimed at improving the social communication of children on the autism spectrum 0-3 years old.

33. **Philadelphia, We Rock the Spectrum SPIN Parent Group,** provides a parent/caregiver support group for families with children with a diagnosis of autism. This is a safe, judgement-free place for community, joining, support and care.

34. **Pike, Safe Haven Shelter,** helps women find housing and keeps them safe and healthy to rebuild their lives independently.

35. **Schuylkill, Schuylkill Resiliency Project,** supports young children and their families with a trauma-informed approach.

36. **Schuylkill, St. Luke's Opioid Response Planning & Implementation Grant,** provides a safe, supportive, and healthy community that cultivates a continuum of care for opioid and substance use disorder including prevention, treatment and recovery. The mission of the Rural Community Opioid Response Consortium is to assess regional needs, expand life skills, provide evidence-based resources, and improve comprehensive treatment services in an environment that supports and values recovery.

37. **York, Sensory Play Group,** provides parents with an opportunity to meet with other parents and talk about the challenges of raising a child with special needs. Parents share resources and raise each other up.

Administrative and Community Survey Tools and Additional Results

This section contains reproductions of two surveys that were included in the data collection for the Family Support Need Assessment.

HOME VISITING ADMINISTRATIVE SURVEY

This survey is being conducted as part of the Family Support Needs Assessment. This statewide Needs Assessment is a federal requirement of Maternal Infant Early Childhood Home Visiting (MIECHV) state grantees. These assessments are intended to use public health data sources alongside home visiting program data to identify community-level service needs and program capacity.

In order to accurately assess the quality and capacity of home visiting services across Pennsylvania, we need your agency's expertise and data. This survey is to be completed by one administrative professional at your implementing agency. The data from this survey will only be shared out at the state and county level and will not reflect individual local implementing agencies (LIA) or specific program models.

1. What is the name of your agency? (If you are the administrator for multiple LIAs within the same county and wish to combine your responses for all sites, please choose "other" from the list below and note which LIAs you are responding for).

2. Highlighting Promising Practices or Initiatives in Your Community

In an effort to utilize a strengths-based approach to the 2020 Family Support Needs Assessment, we are planning to highlight a few promising and innovative practices from across Pennsylvania.

Please identify and briefly describe one practice or initiative outside of traditional home visiting that you believe has been especially impactful in addressing a need in the community that you serve. This can be a practice from your own program that you are proud of or another program you know of.

- Please name and describe the organization and the promising or innovative practice they are implementing:

- Briefly describe how you feel this practice is meeting a need in the community:

3. About your Agency: Home Visiting Workforce

Combine home visitors across all models and all funding streams

- Number of home visitors (individual people, not equivalency):
- Full Time Home Visitors (people, not equivalency):
- Part Time Home Visitors (people, not equivalency):
- Estimated number of home visitors who have been in their job:
  - *Less than 1 year*
  - *1-3 years*
  - *More than 3 years*
- Estimated number of home visitors who are multilingual:

Please list the languages spoken by your home visiting staff:

Does your workforce reflect the racial, ethnic, or linguistic identities of your clients?

- Yes
- Somewhat
- No

4. Home Visiting Client Population

What are the most frequent risk factors for your home visiting clients? (Choose 3)

- Caregiver Needs: History of or current diagnosis of mental health issues
- Caregiver Needs: History of domestic violence
- Caregiver Needs: Unemployed
- Caregiver Needs: Parents with developmental delays or special health needs
- Caregiver Populations: Families previously or currently serving in armed forces
- Caregiver Populations: Fathers
- Caregiver Populations: Grandparents or other kin caregivers raising young children
- Caregiver Populations: Incarcerated parents
- Caregiver Populations: Migrant Families
- Caregiver Populations: Non-English speaking
- Child Welfare: History of child abuse or neglect
- Child Welfare: History of interactions with child welfare services
- Special Health Care Needs: Children with developmental delays or special health needs
- Substance Use: Current substance abuse
- Substance Use: History of substance abuse
- Substance Use: Use of tobacco products
- Other, please specify

5. How does your agency engage with each of these issues below?

For each service, select one response option: Provide direct services, refer clients to these services, not applicable for our program model(s), other (specify).

- General health care for a child, such as a well-child visit
- General health care for an adult
- Dental health care for an adult (including cleanings)
- Dental health care for a child (including cleanings)
- Mental health or behavioral health services for a child
- Mental health or behavioral health services for an adult
- Help caring for a child with special health needs
- Help getting services for a child with special health needs
- How to get health insurance and medical care
- Translation and/or interpretation services
- Pre-K or early childhood education
- Child care for infants or toddlers
- Help for alcohol or drug use/abuse
- Help for domestic violence or sexual violence
- Information and support about having a healthy pregnancy
- Information and support about breastfeeding
- Help finding out if a child is growing and developing normally
- Information about how to keep children safe and prevent injuries
- Information for father caregivers
- Information for grandparents and other kin serving as caregivers
- Information about how to improve diet and nutrition for the family
- Help with getting food for the family
- Cash assistance, such as Temporary Assistance for Need Families (TANF)
- Housing assistance (rent, power, heat, water, phone)
- Help with job search or training
- Help with transportation
- Other
  - *If other, please specify*

FAMILY SUPPORT NEEDS ASSESSMENT COMMUNITY SURVEY [ENGLISH]

Every five years, states have the opportunity to learn how communities support families. This year, Pennsylvania is asking any individual living in the state to complete this short survey.

The information we learn from this survey will help us understand the resources for families in your community. This is important because resources such as child care and home visiting impact a person's health and well-being.

Hearing from everyone is important! Whether you're a parent or a provider we encourage your participation - please share this survey with others in your community.

Si su idioma preferido es el español, siga este enlace Encuesta Comunidad

1. As a community member, please indicate if you: (choose one)

- Work in a home visiting program
- Work in county/local government (indicate type below)
- Work in a community-based organization (indicate type below)
- Have ever had a home visitor come to your home on a regular basis to help you with pregnancy and/or educate you on parenting a young child (For example, the Parents as Teachers program)
- Other (indicate type below)

2. Please indicate the primary county in which you live:

3. Please specify the type of county/local government:

4. Please indicate the type of community-based organization:

5. Please indicate your role:

6. Please indicate the primary county in which you work:

(Choose one county for which to respond to this survey. If you work across multiple counties, this can be where your office is located, where you work most frequently, or where you live.)

Is there any additional information you'd like to share about your role or perspective? If so, use the space below. For example, if your work gives you a state or multi-county perspective about issues, like substance use or mental health, which impact maternal and child health, please use the space below to us about it.

7. (Clients only) Please choose the home visiting services that were most helpful to you (choose 5).

- Having a healthy pregnancy
- Breastfeeding
- Taking care of a newborn
- Having a healthy relationship with my baby or child
- Knowing if a child is growing and developing normally
- Playing with, reading to and teaching children new things
- Child safety and preventing injuries
- Caring for a child with disabilities or special health care needs
- Getting services for a child with disabilities or special health care needs
- Organizing and scheduling appointments for my child
- Getting health insurance and medical care Transportation
- Pre-kindergarten or toddler education resources
- Infant or toddler child care
- Alcohol or drug use/abuse services
- Quitting smoking or tobacco use
- Domestic or sexual violence help
- Getting food for the family
- Improving diet and nutrition for the family
- Cash assistance, such as Temporary Assistance

for Needy Families (TANF)

- Housing (rent, power, heat, water, phone)

- Job search or training

- Other

  - *Please explain:*

8. Please rate how available the following services are in your community. (Do you feel like it is easy to find and use these services?)

**In the next question, you will rate the quality of these services so please reflect just on availability here.

(Options include: very available, above average availability, below average availability, not available, I'm not sure)

- Pregnancy and parenting support services

- Pre-kindergarten or toddler education

- Infant or toddler child care

- Children's health and dental services

- Hospitals, adult health centers, primary care providers

- Adult dental care

- Local mental health services (excluding substance use treatment)

- Local substance use treatment services

- Parks, libraries and community centers

- Public transportation

- Job opportunities for families

- Crime or community violence prevention services

9. Please rate the quality of the following services in your community (Do you feel like these services are helpful for people who need them?)

(Options include: good quality, above average quality, below average quality, poor quality, I'm not sure.)

- Pregnancy and parenting support services

- Pre-kindergarten or toddler education

- Infant or toddler child care

- Children's health and dental services

- Hospitals, adult health centers, primary care providers

- Adult dental care

- Local mental health services (excluding substance use treatment)

- Local substance use treatment services

- Parks, libraries and community centers

- Public transportation

- Job opportunities for families

- Crime or community violence prevention services

10. Please rate the overall health of pregnant women, children and families in your community.

- Excellent

- Good

- Fair

- Poor

11. Please rate your community's need in these areas:

(Options include: high need, average need, low need, unsure)

- Child Care (access to quality and affordable care for infants and toddlers)

- Child Safety (prevention of child abuse and injury)

- Community Environment (crime, juvenile arrests, air quality, transportation, libraries, and health services, sense of community and belonging)

- Community (crime, juvenile arrests, transportation, libraries, and health services, sense of community and belonging)

- Environment (air quality, water quality, environmental hazards or toxins)

- Pregnancy & Birth Outcomes (finding affordable prenatal care, preterm births and low birth

weight, mother's health during pregnancy and after birth)

- Social & Economic (poverty, rent burden, public assistance, household education levels, teen births, high school dropouts)
- Substance Use (opioid overdoses and hospitalizations, alcohol use, drug use, smoking during pregnancy, neonatal abstinence syndrome, and locally available substance use treatment or mental health treatment)

12. What is helping your community?

For this last question, please share any programs or initiatives in your community that you believe are helping women, children, and families.

This does not need to be a health or home visiting program, but could also be related to food, housing, fatherhood, violence prevention, or anything else.

- Name of organization and/or program:

[for example, a free healthy cooking class for parents and young children or a mobile dental clinic]

- Description of [organization] and the positive impact it is having on women, children and families in [county].

(Please be specific in the program you are describing here. We will be using this information to explore and highlight promising programs or practices within local organizations and will not be able to do so if we are only provided the name of the organization.)

13. This survey is being conducted as part of the Family Support Needs Assessment. This statewide Needs Assessment is a federal requirement of Maternal, Infant, and Early Childhood Home Visiting (MIECHV) state grantees. These assessments are intended to use public health data sources alongside home visiting program data to identify community-level service needs and program capacity. The data from this survey will only be shared out at the state and county level and will not reflect individuals or local

agencies. Please acknowledge below that you understand and accept the use of these data.

- I understand

FAMILY SUPPORT NEEDS ASSESSMENT COMMUNITY SURVEY [SPANISH]

Cada cinco años, los estados tienen la oportunidad de aprender cómo las comunidades apoyan a las familias. Pensilvania le pide a cualquiera que viva en el estado que complete esta breve encuesta.

La información que aprendemos de esta encuesta nos ayudará a comprender los recursos para las familias de su comunidad. Esto es importante porque los recursos como el cuidado de niños y los dentistas afectan la salud y el bienestar de una persona.

¡Escuchar a todos es importante! Si usted es un padre o un proveedor, alentamos su participación. Por favor comparte esta encuesta con otras personas de su comunidad.

1. Como miembro de la comunidad, seleccione la función que mejor lo describa (seleccione uno)

- Trabajar en un programa de visitas domiciliarias
- Trabajar en el condado / gobierno local (indique el tipo a continuación)
- Trabajar en una organización comunitaria (indique el tipo a continuación)
- Ha tenido un visitante profesional en el hogar que vino a su casa para ayudarla con el embarazo o educarla sobre la crianza de los hijos (por ejemplo, el programa Padres como maestros)
- Otro (indicar abajo)

2. Indique el tipo de condado / gobierno local:

3. Indique el tipo de organización comunitaria:

4. Indique tu rol:

5. Indique el condado principal en el que trabaja:

Si trabaja en varios condados, elija uno para responder a esta encuesta (este podría ser el condado donde se encuentra su oficina, donde trabaja con más frecuencia o donde vive).

¿Hay alguna información adicional que le gustaría compartir sobre su rol o perspectiva? Si es así, proporcione esta información a continuación.

6. Favor de elijar los cinco servicios de visitas domiciliarias que le resultaron más útiles.

- Tener un embarazo saludable
- Amamantamiento
- Cuidar a un recién nacido
- Establecer una relación saludable con mi bebé o niño
- Saber si un niño está creciendo y desarrollándose normalmente
- Jugar, leer y enseñar a los niños cosas nuevas
- Seguridad infantil y prevención de lesiones
- Cuidar a un niño con discapacidades o necesidades especiales de atención médica
- Obtener servicios para un niño con discapacidades o necesidades especiales de atención médica
- Organizar y programar citas para mi hijo
- Obtener seguro de salud y atención médica
- Transporte
- Recursos educativos de preescolar o niños pequeños
- Cuidado de bebés o niños pequeños
- Servicios de abuso / uso de alcohol o drogas
- Dejar de fumar o consumir productos de Tabaco
- Ayuda para las víctimas de la violencia doméstica o violencia sexual
- Conseguir comida para la familia
- Mejora de la dieta y nutrición para la familia
- Asistencia en efectivo, como Asistencia Temporal para Familias Necesitadas (TANF)
- Vivienda (alquiler, electricidad, calefacción, agua, teléfono)
- Búsqueda de empleo o capacitación

- Otro
  - *Explique por favor*

7. Favor de calificar la disponibilidad de los siguientes servicios en su comunidad (¿Siente que es fácil encontrar y utilizar estos servicios?)

(Muy disponible, Disponibilidad superior a la media, Disponibilidad inferior a la media, No disponible, No estoy seguro)

- Servicios de apoyo para embarazo y padres.
- Educación preescolar o niños pequeños
- Cuidado de bebés o niños pequeños
- Servicios de salud y odontología para niños
- Hospitales, centros de salud para adultos, proveedores de atención primaria.
- Cuidado dental para adultos
- Servicios locales de salud mental (que no sean tratamientos para el uso de sustancias)
- Instalaciones locales para el tratamiento del uso de sustancias y drogas
- Parques, bibliotecas, y centros comunitarios.
- Transporte público
- Oportunidades de trabajo para familias
- Programas para la Prevención social de la delincuencia y la violencia comunitaria

8. Favor de calificar la calidad de los siguientes servicios en su comunidad (cómo útiles son los siguientes servicios)?

(Buena calidad, Calidad superior a la media, Calidad inferior a la media, Mala calidad, No estoy seguro.)

- Servicios de apoyo para embarazo y padres
- Educación preescolar o niños pequeños
- Cuidado de bebés o niños pequeños
- Servicios de salud y odontología para niños
- Hospitales, centros de salud para adultos, proveedores de atención primaria
- Cuidado dental para adultos
- Servicios locales de salud mental (que no sean

tratamientos para el uso de sustancias)
- Instalaciones locales para el tratamiento del uso de sustancias y drogas
- Parques, bibliotecas, y centros comunitarios
- Transporte público
- Oportunidades de trabajo para familias
- Programas para la Prevención social de la delincuencia y la violencia comunitaria

9. Salud comunitaria.

Favor de calificar la salud y el bienestar general de las mujeres embarazadas, niños y familias en su comunidad.

- Excellente
- Bueno
- Pasable
- Malo

10. Favor de calificar las necesidades de su comunidad en estas áreas: (Alta necesidad, Necesidad promedio, Baja necesidad, No seguro)

- Cuidado Infantil (acceso a atención de calidad y asequible para bebés y niños pequeño)
- Seguridad infantil (prevención de abuso y lesiones infantiles)
- Comunitario (crimen, arrestos juveniles, transporte, bibliotecas y servicios de salud, sentido de comunidad y pertenencia.
- Ambiente (calidad del aire, calidad del agua, toxinas peligrosas)
- Resultados del embarazo y el parto (encontrar atención prenatal asequible, nacimientos prematuros y bajo peso al nacer)
- Social and Económica (pobreza, carga de la renta, asistencia pública, niveles de educación en el hogar, nacimientos de adolescentes, deserción escolar)
- Uso de sustancias (sobredosis de opioides y hospitalizaciones, uso de alcohol, uso de drogas, fumar durante el embarazo, síndrome de abstinencia neonatal y tratamiento de uso de sustancias o tratamiento de salud mental disponible localmente)

11. ¿Qué está ayudando a tu comunidad?

Para esta última pregunta, comparta cualquier programa o iniciativa en su comunidad que considere que está ayudando a mujeres, ninos y familias.

Esto no necesita ser un programa de salud o visitas al hogar, sino que también podría estar relacionado con la alimentación, la vivienda, la paternidad, la prevención de la violencia o cualquier otra cosa.

• Nombre de la organización y / o programa

[Por ejemplo, una clase gratuita de cocina saludable para padres y niños pequeños o una clínica dental móvil]

• Descripción de [pp_org_esp] y por qué cree que es bueno para las mujeres, los niños y las familias

12. Esta encuesta se realiza como parte de la Evaluación de Necesidades de Apoyo Familiar. Esta Evaluación de Necesidades a nivel estatal es un requisito federal de los beneficiarios estatales de Visitas a Domicilio de Infantes/Maternales y de la Primera Infancia. Estas evaluaciones están destinadas a utilizar fuentes de datos de salud pública junto con los datos del programa de visitas domiciliarias para identificar las necesidades de servicio a nivel comunitario y la capacidad del programa. Los datos de esta encuesta solo se compartirán a nivel estatal y del condado y no reflejarán individuos o agencias locales.

A continuación, reconozca que comprende y acepta el uso de estos datos.

• Yo entiendo

Additional Community Survey Results

County of Residence

Please indicate the primary county in which you live:

n=281. This applies to home visiting clients only, hence the high missing number.

		%
Dauphin County	72	26%
Cumberland County	21	7%
Westmoreland County	16	6%
Allegheny County	14	5%
Somerset County	11	4%
Warren County	11	4%
Montgomery County	10	4%
Bedford County	8	3%
Lehigh County	8	3%
York County	8	3%
Clinton County	7	2%
Delaware County	7	2%
Fayette County	6	2%
Philadelphia County	6	2%
Cambria County	5	2%
Lancaster County	5	2%
Bucks County	5	2%
Erie County	4	1%
Lawrence County	4	1%
Mifflin County	4	1%
Elk County	3	1%
Franklin County	3	1%
Luzerne County	3	1%
Monroe County	3	1%
Tioga County	3	1%
Northampton County	3	1%
Berks County	2	1%
Bradford County	2	1%
Carbon County	2	1%
Indiana County	2	1%
Lackawanna County	2	1%
Lycoming County	2	1%
Northumberland County	2	1%
Wyoming County	2	1%

		%
Adams County	1	0%
Armstrong County	1	0%
Chester County	1	0%
Clarion County	1	0%
Clearfield County	1	0%
Columbia County	1	0%
Crawford County	1	0%
Huntingdon County	1	0%
Jefferson County	1	0%
Mercer County	1	0%
Montour County	1	0%
Pike County	1	0%
Union County	1	0%
Venango County	1	0%
Washington County	1	0%
Beaver County	0	0%
Blair County	0	0%
Butler County	0	0%
Cameron County	0	0%
Centre County	0	0%
Forest County	0	0%
Fulton County	0	0%
Greene County	0	0%
Juniata County	0	0%
Lebanon County	0	0%
McKean County	0	0%
Perry County	0	0%
Potter County	0	0%
Schuylkill County	0	0%
Snyder County	0	0%
Sullivan County	0	0%
Susquehanna County	0	0%
Wayne County	0	0%
Missing	1904	

County of Employment

Please indicate the primary county in which you work:

		%				%
Allegheny County	147	8.6%	**Butler County**	16	0.9%
Philadelphia County	104	6.1%	**Armstrong County**	15	0.9%
Bucks County	74	4.4%	**Beaver County**	15	0.9%
Delaware County	72	4.2%	**Northumberland County**	14	0.8%
Erie County	69	4.1%	**Mifflin County**	12	0.7%
Lehigh County	60	3.5%	**Bradford County**	11	0.6%
Lackawanna County	56	3.3%	**Huntingdon County**	11	0.6%
Dauphin County	55	3.2%	**Greene County**	10	0.6%
Somerset County	50	2.9%	**Lebanon County**	9	0.5%
Montgomery County	49	2.9%	**Montour County**	9	0.5%
York County	49	2.9%	**Carbon County**	8	0.5%
Tioga County	46	2.7%	**Centre County**	8	0.5%
Westmoreland County	44	2.6%	**Clinton County**	8	0.5%
Blair County	42	2.5%	**McKean County**	8	0.5%
Lancaster County	41	2.4%	**Cameron County**	7	0.4%
Luzerne County	42	2.5%	**Jefferson County**	7	0.4%
Berks County	37	2.2%	**Juniata County**	7	0.4%
Lawrence County	34	2.0%	**Pike County**	7	0.4%
Cambria County	32	1.9%	**Union County**	6	0.4%
Mercer County	29	1.7%	**Wyoming County**	6	0.4%
Schuylkill County	29	1.7%	**Adams County**	4	0.2%
Northampton County	26	1.5%	**Clarion County**	4	0.2%
Bedford County	25	1.5%	**Columbia County**	4	0.2%
Washington County	25	1.5%	**Indiana County**	4	0.2%
Lycoming County	24	1.4%	**Snyder County**	4	0.2%
Warren County	24	1.4%	**Susquehanna County**	4	0.2%
Clearfield County	23	1.4%	**Venango County**	4	0.2%
Wayne County	23	1.4%	**Fulton County**	3	0.2%
Fayette County	22	1.3%	**Potter County**	3	0.2%
Chester County	20	1.2%	**Sullivan County**	3	0.2%
Crawford County	20	1.2%	**Perry County**	2	0.1%
Cumberland County	19	1.1%	**Forest County**	1	0.1%
Monroe County	19	1.1%	**Missing**	481	
Elk County	18	1.1%			
Franklin County	18	1.1%			

County of Employment

Please indicate the primary county in which you work:

USEFUL HV SERVICES

Please choose the home visiting services that were most useful to you (choose 5).

281 respondents indicated that they received home visiting services. This question followed. 263 respondents gave some response. This was not a ranked question.

		%
Knowing if a child is growing or developing normally	153	54.4%
Playing to, reading to and teaching children	137	48.8%
Pre-K or child care education resources	118	42.0%
Having a healthy relationship with my baby or child	103	36.7%
Child safety and preventing injuries	89	31.7%
Getting services for a child with disabilities or special health care needs	49	17.4%
Taking care of a newborn	45	16.0%
Having a healthy pregnancy	44	15.7%
Caring for a child with disabilities or special health care needs	32	11.4%
Breastfeeding	27	9.6%
Housing	25	8.9%
Infant or toddler child care	25	8.9%
Getting food for the family	23	8.2%
Getting health insurance and medical care	21	7.5%
Job search	18	6.4%
Cash assistance, such as TANF	16	5.7%
Transportation	15	5.3%
Improving diet or nutrition for the family	17	6.0%
Organizing and scheduling appointments for my child	14	5.0%
Quit smoking or tobacco use	3	1.1%
Alcohol or drug use services	1	0.4%
Domestic or sexual violence help	1	0.4%
Other	11	3.9%

AVAILABILITY OF SERVICES

Please rate how available the following services are in your community.

(Do you feel like it is easy to find and use these services?)

	Very Available	Above Average Availability	Below Average Availability	Not Available	I'm Not Sure
Pregnancy and parenting support services (n=1,669)	363	604	377	33	293
	22%	36%	23%	2%	18%
Pre-K or toddler education (n=1,693)	620	682	306	6	79
	37%	40%	18%	0.4%	5%
Infant or toddler child care (n=1,685)	407	522	577	27	152
	24%	31%	34%	2%	9%
Children's health or dental services (n=1,681)	443	608	481	31	118
	26%	36%	29%	2%	7%
Hospitals, adult health centers, PCPs (n=1,690)	608	691	309	21	66
	36%	41%	18%	1%	4%
Adult dental care (n=1,684)	504	627	376	36	141
	30%	37%	22%	2%	8%
Local mental health services (n=1,684)	281	418	676	56	253
	17%	25%	40%	3%	15%
Local substance use treatment services (n=1,677)	226	448	539	61	403
	13%	27%	32%	4%	24%
Parks, libraries and community centers (n=1,695)	567	452	337	15	24
	33%	44%	20%	1%	1%
Public transportation (n=1,691)	338	429	658	156	110
	20%	25%	39%	9%	7%
Job opportunities for families (n=1,687)	200	461	778	58	190
	12%	27%	46%	3%	11%
Crime or community violence prevention services (n=1,692)	153	337	695	103	404
	9%	20%	41%	6%	24%

QUALITY OF SERVICES

Please rate the quality of these services in your community.

(Do you feel like these services are helpful for people who need them?)

	Good Wuality	Above Average Quality	Below Average Quality	Poor Quality	I'm Not Sure
Pregnancy and parenting support services (n=1,552)	427	484	215	36	401
	27%	31%	14%	2%	26%
Pre-K or toddler education (n=1,571)	609	627	178	26	130
	39%	40%	11%	2%	8%
Infant or toddler child care (n=1,560)	429	516	335	57	223
	28%	33%	21%	4%	14%
Children's health or dental services (n=1,555)	457	543	294	58	203
	29%	35%	19%	4%	13%
Hospitals, adult health centers, PCPs (n=1,559)	492	603	277	67	120
	32%	39%	18%	4%	8%
Adult dental care (n=1,559)	408	577	258	70	246
	26%	37%	17%	4%	16%
Local mental health services (n=1,562)	264	393	431	129	345
	17%	25%	28%	8%	22%
Local substance use treatment services (n=1,557)	318	354	358	101	516
	20%	23%	23%	6%	33%
Parks, libraries and community centers (n=1,565)	553	633	242	61	76
	35%	40%	15%	4%	5%
Public transportation (n=1,556)	308	364	405	246	233
	20%	23%	26%	16%	15%
Job opportunities for families (n=1,560)	216	332	570	173	269
	14%	21%	37%	11%	17%
Crime or community violence prevention services (n=1,558)	178	276	447	161	497
	11%	18%	29%	10%	32%

COMMUNITY NEED

Please rate your community's needs in these areas.

Domain	Description	High Need	Average Need	Low Need	Unsure
Child Care (n=1,570)	Access to quality and affordable care for infants and toddlers	926	501	63	80
		59%	32%	4%	5%
Child Safety (n=1,565)	Prevention of child abuse and injury	709	709	67	80
		45%	45%	4%	5%
Community (n=1,564)	For example: crime, juvenile arrests, transportation, libraries, and health services, sense of community and belonging	762	659	62	81
		49%	42%	4%	5%
Environment (n=1,551)	Air quality, water quality, environmental hazards or toxins	429	777	258	87
		28%	50%	17%	6%
Pregnancy & Birth Outcomes (n=1,582)	For example, finding affordable prenatal care, preterm births and low birthweight	516	785	100	161
		33%	50%	6%	10%
Social & Economic (n=1,568)	For example: poverty, rent burden, public assistance, household education levels, teen births, high school dropouts	995	432	59	82
		63%	28%	4%	5%
Substance Use (n=1,569)	For example, opioid overdoses and hospitalizations, alcohol use, drug use, smoking during pregnancy, Neonatal Abstinence Syndrome, and locally available substance use treatment or mental health treatment	1065	318	34	152
		68%	20%	2%	10%

Figure 12: Agency Approach to Maternal & Child Health Needs

Help with transportation

Help with job search or training

Housing assistance (rent, power, heat, water, phone)

Cash assistance, such as Temporary Assistance for Need Families (TANF)

Help with getting food for the family

Information about how to improve diet and nutrition for the family

Information for grandparents and other kin serving as caregivers

Information for father caregivers

Information about how to keep children safe and prevent injuries

Help finding out if a child is growing and developing normally

Information and support about breastfeeding

Information and support about having a healthy pregnancy

Help for domestic violence or sexual violence

Help for alcohol or drug use/abuse

Child care for infants or toddlers

Pre-K or early childhood education

Translation and/or interpretation services

How to get health insurance and medical care

Help getting service for a child with special health needs

Help caring for a child with special health needs

Mental health or behavioral health services for an adult

Mental health or behavioral health services for a child

Dental health care for a child (including cleanings)

Dental health care for an adult (including cleanings)

General health care for an adult

General health care for a child, such as a well-child visit

0   10   20   30   40   50   60

🟩 **Provide Direct Service** 🟧 **Refer Clients to Services** 🟦 **Not Applicable to Program** 🟥 **Other**

TABLE 14 : COMMUNITY SURVEY RESULTS

Please rate how available the following services are in your community.

	Very available	Above average availability	Below average availability	Not available	I'm not sure
Pregnancy and parenting support services (n=1,669)	363	604	377	33	293
	22%	36%	23%	2%	18%
Pre-K or toddler education (n=1,693)	620	682	306	6	79
	37%	40%	18%	0.4%	5%
Infant or toddler child care (n=1,685)	407	522	577	27	152
	24%	31%	34%	2%	9%
Children's health or dental services (n=1,681)	443	608	481	31	118
	26%	36%	29%	2%	7%
Hospitals, adult health centers, PCPs (n=1,690)	608	691	309	21	66
	36%	41%	18%	1%	4%
Adult dental care (n=1,684)	504	627	376	36	141
	30%	37%	22%	2%	8%
Local mental health services (n=1,684)	281	418	676	56	253
	17%	25%	40%	3%	15%
Local substance use treatment services (n=1,677)	226	448	539	61	403
	13%	27%	32%	4%	24%
Parks, libraries and community centers (n=1,695)	567	452	337	15	24
	33%	44%	20%	1%	1%
Public transportation (n=1,691)	338	429	658	156	110
	20%	25%	39%	9%	7%
Job opportunities for families (n=1,687)	200	461	778	58	190
	12%	27%	46%	3%	11%
Crime or community violence prevention services (n=1,692)	153	337	695	103	404
	9%	20%	41%	6%	24%

TABLE 15 : COMMUNITY SURVEY RESULTS CONTINUED

Please rate the quality of these services in your community.

	Good quality	Above average quality	Below average quality	Poor quality	I'm not sure
Pregnancy and parenting support services (n=1,552)	427	484	215	36	401
	27%	31%	14%	2%	26%
Pre-K or toddler education (n=1,571)	609	627	178	26	130
	39%	40%	11%	2%	8%
Infant or toddler child care (n=1,560)	429	516	335	57	223
	28%	33%	21%	4%	14%
Children's health or dental services (n=1,555)	457	543	294	58	203
	29%	35%	19%	4%	13%
Hospitals, adult health centers, PCPs (n=1,559)	492	603	277	67	120
	32%	39%	18%	4%	8%
Adult dental care (n=1,559)	408	577	258	70	246
	26%	37%	17%	4%	16%
Local mental health services (n=1,562)	264	393	431	129	345
	17%	25%	28%	8%	22%
Local substance use treatment services (n=1,557)	318	354	358	101	516
	20%	23%	23%	6%	33%
Parks, libraries and community centers (n=1,565)	553	633	242	61	76
	35%	40%	15%	4%	5%
Public transportation (n=1,556)	308	364	405	246	233
	20%	23%	26%	16%	15%
Job opportunities for families (n=1,560)	216	332	570	173	269
	14%	21%	37%	11%	17%
Crime or community violence prevention services (n=1,558)	178	276	447	161	497
	11%	18%	29%	10%	32%

Analysis

RESPONDENTS BY REGION

Number of overall respondents by region.

		%
Northwest	275	14%
Southwest	437	22%
North Central	221	11%
South Central	343	17%
Northeast	252	13%
Southeast	456	23%
Blank	206	

HV CLIENTS BY REGION

Number of respondents who receive home visiting services by region.

		%
Northwest	28	10%
Southwest	56	20%
North Central	22	8%
South Central	118	42%
Northeast	18	6%
Southeast	39	14%

USEFUL HOME VISITING SERVICES BY REGION

Please choose the home visiting services that were most useful to you (choose 5).

	All	NW	SW	NC	SC	NE	SE
Knowing if a child is growing or developing normally	153	15	29	12	76	9	12
	58%	54%	52%	55%	64%	50%	31%
Playing to, reading to and teaching children	137	7	22	12	78	4	14
	52%	25%	39%	55%	66%	22%	36%
Pre-K or child care education resources	118	12	25	9	56	4	12
	45%	43%	45%	41%	47%	22%	31%
Having a healthy relationship with my baby or child	103	7	20	5	57	3	11
	39%	25%	36%	23%	48%	17%	28%
Child safety and preventing injuries	89	6	9	7	56	2	9
	34%	21%	16%	32%	47%	11%	23%
Getting services for a child with disabilities or special health care needs	49	6	10	4	14	4	11
	19%	21%	18%	18%	12%	22%	28%
Taking care of a newborn	45	8	9	1	18	2	7
	17%	29%	16%	5%	15%	11%	18%
Having a healthy pregnancy	44	6	4	2	19	2	11
	17%	21%	7%	9%	16%	11%	28%
Caring for a child with disabilities or special health care needs	32	2	9	4	11	2	4
	12%	7%	16%	18%	9%	11%	10%
Breastfeeding	27	1	6	2	10	2	6
	10%	4%	11%	9%	8%	11%	15%
Housing	25	7	5	0	10	1	2
	10%	25%	9%	0%	8%	6%	5%
Infant or toddler child care	25	3	3	0	16	0	3
	10%	11%	5%	0%	14%	0%	8%
Getting food for the family	23	2	1	1	15	1	3
	9%	7%	2%	5%	13%	6%	8%
Getting health insurance and medical care	21	3	2	0	11	4	1
	8%	11%	4%	0%	9%	22%	3%
Job search	18	2	4	0	9	0	3
	7%	7%	7%	0%	8%	0%	8%
Cash assistance, such as TANF	16	4	2	0	6	0	4
	6%	14%	4%	0%	5%	0%	10%
Transportation	15	1	3	1	8	1	1
	6%	4%	5%	5%	7%	6%	0%

USEFUL HOME VISITING SERVICES BY REGION (CONTINUED)

Please choose the home visiting services that were most useful to you (choose 5).

	All	NW	SW	NC	SC	NE	SE
Improving diet or nutrition for the family	17	1	2	1	9	1	3
	6%	4%	4%	5%	8%	6%	1%
Organizing and scheduling appointments for my child	14	0	1	0	11	0	2
	5%	0%	2%	0%	9%	0%	1%
Quit smoking or tobacco use	3	1	0	0	2	0	0
	1%	4%	0%	0%	2%	0%	0%
Alcohol or drug use services	1	0	0	0	0	0	1
	0%	0%	0%	0%	0%	0%	0%
Domestic or sexual violence help	1	0	0	0	1	0	0
	0%	0%	0%	0%	1%	0%	0%
Other	11	1	1	2	5	0	2
	4%	4%	2%	9%	4%	0%	1%

AVAILABILITY OF SERVICES BY REGION

Please rate how available pregnancy and parenting support services are in your community.

	n	Very Available	Above Average Availability	Below Average Availability	Not Available	I'm not Sure
All	1669	363	604	377	33	293
		22%	36%	23%	2%	18%
Northwest	239	53	106	47	4	29
		14%	22%	44%	20%	2%	12%
Southwest	368	79	129	86	9	66
		22%	21%	35%	23%	2%	18%
North Central	188	34	75	45	0	36
		11%	18%	40%	24%	0%	19%
South Central	287	84	88	57	7	51
		17%	29%	31%	20%	2%	18%
Northeast	209	37	77	61	6	30
		13%	18%	37%	29%	3%	14%
Southeast	379	76	131	81	9	82
		23%	20%	35%	21%	2%	22%

AVAILABILITY OF SERVICES BY REGION

Please rate how available pre-K or toddler education services are in your community.

	n	Very Available	Above Average Availability	Below Average Availability	Not Available	I'm not Sure
All	1692	620	683	307	6	79
		37%	40%	18%	0.4%	5%
Northwest	243	95	96	44	1	7
		14%	39%	40%	18%	0.4%	3%
Southwest	373	154	141	66	0	13
		22%	41%	38%	18%	0%	3%
North Central	187	57	86	35	1	8
		11%	30%	46%	19%	0.5%	4%
South Central	291	109	115	46	3	20
		17%	37%	40%	16%	1%	7%
Northeast	210	70	93	46	0	4
		12%	33%	44%	22%	0%	2%
Southeast	388	135	155	72	1	27
		23%	35%	40%	19%	0.3%	7%

Please rate how available infant or toddler child care services are in your community.

	n	Very Available	Above Average Availability	Below Average Availability	Not Available	I'm not Sure
All	1685	408	523	577	27	152
		24.2%	31.0%	34.2%	1.6%	9%
Northwest	242	52	64	100	8	20
		14%	21.5%	26.4%	41.3%	3.3%	8.3%
Southwest	373	106	102	125	6	34
		22%	28.4%	27.3%	33.5%	1.6%	9.1%
North Central	187	29	68	79	1	10
		11%	15.5%	36.4%	42.2%	0.5%	5.3%
South Central	290	67	90	85	6	41
		17%	23.1%	31%	29.3%	2.1%	14.1%
Northeast	212	49	60	87	1	13
		13%	23.2%	28.3%	41%	0.5%	6.1%
Southeast	384	104	139	100	5	35
		23%	27.1%	36.2%	26%	1.3%	9.1%

AVAILABILITY OF SERVICES BY REGION

Please rate how available infant or toddler child care services are in your community.

	n	Very Available	Above Average Availability	Below Average Availability	Not Available	I'm not Sure
All	1685	408	523	577	27	152
		24.2%	31.0%	34.2%	1.6%	9%
Northwest	242	52	64	100	8	20
	14%	21.5%	26.45	41.3%	3.3%	8.3%
Southwest	373	106	102	125	6	34
	22%	28.4%	27.3%	33.5%	1.6%	9.1%
North Central	187	29	68	79	1	10
	11%	15.5%	36.4%	42.2%	0.5%	5.3%
South Central	290	67	90	85	6	41
	17%	23.1%	31%	29.3%	2.1%	14.1%
Northeast	212	49	60	87	1	13
	13%	23.2%	28.3%	41%	0.5%	6.1%
Southeast	384	104	139	100	5	35
	23%	27.1%	36.2%	26%	1.3%	9.1%

Please rate how available children's health or dental services are in your community.

	n	Very Available	Above Average Availability	Below Average Availability	Not Available	I'm not Sure
All	1681	443	608	481	31	118
		26.4%	36.2%	28.6%	1.8%	7%
Northwest	243	51	75	98	6	11
	14%	21%	30.9%	40.3%	2.5%	4.5%
Southwest	374	115	142	79	93	32
	22%	30.7%	38%	21.1%	24.9%	8.6%
North Central	185	30	49	93	4	9
	11%	16.2%	26.5%	50.3%	2.2%	4.9%
South Central	287	84	102	67	5	29
	17%	29.3%	35.5%	23.3%	1.7%	10.1%
Northeast	211	42	75	84	5	6
	13%	19.9%	35.5%	39.8%	2.4%	2.8%
Southeast	383	121	166	62	3	31
	23%	31.6%	43.3%	16.2%	0.8%	8.1%

AVAILABILITY OF SERVICES BY REGION

Please rate how available hospitals, adult health centers, primary care providers are in your community.

	n	Very Available	Above Average Availability	Below Average Availability	Not Available	I'm not Sure
All	1690	604	691	309	21	66
		35.7%	40.9%	18.3%	1.2%	3.9%
Northwest	242	82	87	63	4	7
	14%	33.9%	36%	26%	1.7%	2.9%
Southwest	375	141	154	62	5	13
	22%	37.6%	41.1%	16.5%	1.3%	3.5%
North Central	189	53	87	40	0	9
	11%	28%	46%	21.2%	0	4.8%
South Central	287	119	111	41	4	13
	17%	41.5%	38.7%	14.3%	1.4%	4.5%
Northeast	211	60	87	58	3	3
	12%	28.4%	41.2%	27.5%	1.4%	1.4%
Southeast	387	150	164	47	5	21
	23%	38.8%	42.4%	12.1%	1.3%	5.4%

Please rate how available adult dental care services are in your community.

	n	Very Available	Above Average Availability	Below Average Availability	Not Available	I'm not Sure
All	1684	505	627	376	36	141
		30%	37.2%	22.3%	2.1%	8.4%
Northwest	240	65	92	64	8	11
	14%	27.1%	38.3%	26.7%	3.3%	4.6%
Southwest	374	123	143	72	5	31
	22%	32.9%	38.2%	19.3%	1.3%	8.3%
North Central	187	40	71	65	3	9
	11%	21.4%	38%	34.8%	1.6%	4.8%
South Central	288	104	109	41	6	29
	17%	36.1%	37.8%	14.2%	2.1%	10.1%
Northeast	212	57	75	62	6	12
	13%	26.9%	35.4%	29.2%	2.8%	5.7%
Southeast	282	116	137	72	8	49
	17%	41.1%	48.6%	25.5%	2.8%	17.4%

AVAILABILITY OF SERVICES BY REGION

Please rate how available local mental health services (excluding substance use treatment) are in your community.

	n	Very Available	Above Average Availability	Below Average Availability	Not Available	I'm not Sure
All	1684	281	418	676	57	253
		16.7%	24.8%	40.1%	3.4%	15%
Northwest	244	55	57	101	10	22
		14%	22.5%	23.4%	41.4%	4.1%	9%
Southwest	370	71	104	122	13	60
		22%	19.2%	28.1%	33%	3.5%	16.2%
North Central	187	26	46	90	7	18
		11%	13.9%	24.6%	48.1%	3.7%	9.6%
South Central	287	42	59	107	10	69
		17%	14.6%	20.6%	37.3%	3.5%	24%
Northeast	212	24	50	108	9	22
		13%	11.3%	23.6%	50.9%	4.2%	10.4%
Southeast	384	63	102	149	8	62
		23%	16.4%	26.6%	38.8%	2.1%	16.1%

Please rate how available local substance use treatment services are in your community.

	n	Very Available	Above Average Availability	Below Average Availability	Not Available	I'm not Sure
All	1677	226	448	539	61	403
		13.5%	26.7%	32.1%	3.6%	24%
Northwest	243	43	56	87	11	46
		14%	17.7%	23%	35.8%	4.5%	18.9%
Southwest	370	51	107	94	11	107
		22%	13.8%	28.9%	25.4%	3%	28.9%
North Central	186	24	55	74	7	26
		11%	12.9%	29.6%	39.8%	3.8%	14%
South Central	284	29	59	85	12	99
		17%	10.2%	20.8%	29.9%	4.2%	34.9%
Northeast	212	28	54	79	10	41
		13%	13.2%	25.5%	37.3%	4.7%	19.3%
Southeast	382	51	117	120	10	84
		23%	13.4%	30.6%	31.4%	2.6%	22%

AVAILABILITY OF SERVICES BY REGION

Please rate how available parks, libraries or community centers are in your community.

	n	Very Available	Above Average Availability	Below Average Availability	Not Available	I'm not Sure
All	1695	567	752	337	24	24
		33%	44%	20%	1.4%	1.4%
Northwest	244	85	105	52	1	1
		14%	35%	43%	21%	0.4%	0.4%
Southwest	373	137	160	69	4	4
		22%	37%	43%	18%	1.1%	1.1%
North Central	190	48	89	51	2	2
		11%	25%	47%	27%	1.1%	1.1%
South Central	287	112	114	48	9	9
		17%	39%	40%	17%	3.1%	3.1%
Northeast	212	51	95	64	1	1
		13%	24%	45%	30%	0.5%	0.5%
Southeast	388	134	189	54	7	7
		23%	35%	49%	14%	1.8%	1.8%

Please rate how available public transportation is in your community.

	n	Very Available	Above Average Availability	Below Average Availability	Not Available	I'm not Sure
All	1691	338	429	658	156	110
		20%	25%	39%	9.2%	6.5%
Northwest	244	47	57	112	16	12
		14%	19%	23%	46%	6.6%	4.9%
Southwest	370	72	90	158	30	20
		22%	19%	24%	43%	8.1%	5.4%
North Central	19	19	42	84	37	7
		11%	10%	22%	44%	19.6%	3.7%
South Central	289	61	68	95	31	36
		17%	21%	24%	33%	10.7%	12.5%
Northeast	212	21	47	104	26	14
		13%	10%	22%	49%	12.3%	6.6%
Southeast	387	118	127	105	16	21
		23%	30%	33%	27%	4.1%	5.4%

AVAILABILITY OF SERVICES BY REGION

Please rate how available job opportunities for families are in your community.

	n	Very Available	Above Average Availability	Below Average Availability	Not Available	I'm not Sure
All	1687	200	462	778	57	190
		12.0%	27.0%	46.0%	3.4%	11.3%
Northwest	243	33	64	124	11	12
	14%	14.0%	26.0%	51.0%	4.5%	4.9%
Southwest	373	34	92	185	13	49
	22%	9.0%	25.0%	50.0%	3.5%	13.1%
North Central	187	14	49	106	6	12
	11%	7.0%	26.0%	57.0%	3.2%	6.4%
South Central	290	54	96	85	12	43
	17%	19.0%	33.0%	29.0%	4.1%	14.8%
Northeast	211	14	53	123	5	16
	13%	7.0%	25.0%	58.0%	2.4%	7.6%
Southeast	383	51	108	155	11	58
	23%	13.0%	28.0%	40.0%	2.9%	15.1%

Please rate how available crime or community violence prevention are in your community.

	n	Very Available	Above Average Availability	Below Average Availability	Not Available	I'm not Sure
All	1692	153	337	695	103	404
		9%	20%	41%	6.1%	23.9%
Northwest	244	16	49	130	18	31
	14%	7%	20%	53%	7.4%	12.7%
Southwest	372	34	70	146	21	101
	22%	9%	19%	39%	5.6%	27.2%
North Central	187	13	37	86	14	37
	11%	7%	20%	46%	7.5%	19.8%
South Central	290	37	50	95	16	92
	17%	13%	17%	33%	5.5%	31.7%
Northeast	212	14	52	96	11	39
	13%	7%	25%	45%	5.2%	18.4%
Southeast	386	39	79	142	23	104
	23%	10%	20%	37%	6%	26.9%

QUALITY OF SERVICES BY REGION

Please rate the quality of <u>pregnancy and parenting support services</u> in your community.

	n	Good Quality	Above Average Quality	Below Average Quality	Poor Quality	I'm not Sure
All	1563	427	484	216	36	401
		27.3%	31.0%	13.8%	2.3%	25.7%
Northwest	223	55	87	28	11	42
		24.7%	39.0%	12.6%	4.9%	18.8%
Southwest	342	100	99	46	5	92
		29.2%	29.0%	13.5%	1.5%	26.9%
North Central	172	41	48	28	3	52
		23.8%	27.9%	16.3%	1.7%	30.2%
South Central	271	89	74	35	7	66
		32.8%	27.3%	12.9%	2.6%	24.4%
Northeast	194	48	60	27	6	53
		24.7%	30.9%	13.9%	3.1%	27.3%
Southeast	361	94	116	51	4	96
		26.0%	32.1%	14.1%	1.1%	26.6%

Please rate the quality of <u>pre-K or toddler education services</u> in your community.

	n	Good Quality	Above Average Quality	Below Average Quality	Poor Quality	I'm not Sure
All	1570	608	628	178	26	130
		38.7%	40.0%	11.3%	1.7%	8.3%
Northwest	225	89	91	22	6	17
		39.6%	40.4%	9.8%	2.7%	7.6%
Southwest	341	148	133	30	3	27
		43.4%	39.0%	8.8%	0.9%	7.9%
North Central	174	56	78	21	1	18
		32.2%	44.8%	12.1%	0.6%	10.3%
South Central	272	114	110	27	4	17
		41.9%	40.4%	9.9%	1.5%	6.3%
Northeast	196	74	76	28	4	14
		37.8%	38.8%	14.3%	2.0%	7.1%
Southeast	362	127	140	50	8	37
		35.1%	38.7%	13.8%	2.2%	10.2%

QUALITY OF SERVICES BY REGION

Please rate the quality of <u>infant or toddler child care services</u> in your community.

	n	Good Quality	Above Average Quality	Below Average Quality	Poor Quality	I'm not Sure
All	1560	429	516	335	57	223
		27.5%	33.1%	21.5%	3.7%	14.3%
Northwest	223	53	77	49	15	29
		23.8%	34.5%	22.0%	6.7%	13.0%
Southwest	339	109	106	67	7	50
		32.2%	31.3%	19.8%	2.1%	14.8%
North Central	173	40	61	40	8	24
		23.1%	35.3%	23.1%	4.6%	13.9%
South Central	270	78	89	54	9	40
		28.9%	33.0%	20.0%	3.3%	14.8%
Northeast	195	50	67	45	5	28
		25.6%	34.4%	23.1%	2.6%	14.4%
Southeast	360	99	116	80	13	52
		27.5%	32.2%	22.2%	3.6%	14.4%

Please rate the quality of <u>children's health or dental services</u> in your community.

	n	Good Quality	Above Average Quality	Below Average Quality	Poor Quality	I'm not Sure
All	1555	457	543	294	58	203
		29.4%	34.9%	18.9%	3.7%	13.1%
Northwest	220	47	76	55	16	26
		21.4%	34.6%	25.0%	7.3%	11.8%
Southwest	340	110	126	48	12	44
		32.4%	37.1%	14.1%	3.5%	12.9%
North Central	173	41	60	40	5	27
		23.7%	34.7%	23.1%	2.9%	15.6%
South Central	270	94	84	51	6	35
		34.8%	31.1%	18.9%	2.2%	13.0%
Northeast	194	46	60	54	11	23
		23.7%	30.9%	27.8%	5.7%	11.9%
Southeast	358	119	137	46	8	48
		33.2%	38.3%	12.9%	2.2%	14.4%

QUALITY OF SERVICES BY REGION

Please rate the quality of hospitals, adult health centers, primary care providers in your community.

	n	Good Quality	Above Average Quality	Below Average Quality	Poor Quality	I'm not Sure
All	1559	492	603	277	67	120
Northwest	223	56	88	52	16	11
		25.1%	39.5%	23.3%	7.2%	4.9%
Southwest	340	115	130	57	13	25
		33.8%	38.2%	16.8%	3.8%	7.4%
North Central	172	43	80	31	6	12
		25.0%	46.5%	18.0%	3.5%	7.0%
South Central	270	102	96	40	9	23
		37.8%	35.6%	14.8%	3.3%	8.5%
Northeast	192	48	64	54	14	12
		25.0%	33.3%	28.1%	7.3%	6.3%
Southeast	362	128	145	43	9	37
		35.4%	40.1%	11.9%	2.5%	10.2%

Please rate the quality of adult dental care services in your community.

	n	Good Quality	Above Average Quality	Below Average Quality	Poor Quality	I'm not Sure
All	1559	407	573	260	70	249
Northwest	220	52	89	44	12	23
		23.6%	40.5%	20.0%	5.5%	10.5%
Southwest	340	100	130	50	15	45
		29.4%	38.2%	14.7%	4.4%	13.2%
North Central	174	42	67	28	10	27
		24.1%	38.5%	16.1%	5.8%	15.5%
South Central	271	62	108	35	8	58
		22.9%	39.9%	12.9%	3.0%	21.4%
Northeast	191	57	58	43	10	23
		29.8%	30.4%	22.5%	5.2%	12.0%
Southeast	363	94	121	60	15	73
		25.9%	33.3%	16.5%	4.1%	20.1%

QUALITY OF SERVICES BY REGION

Please rate the quality of local mental health services (excluding substance use treatment) in your community.

	n	Good Quality	Above Average Quality	Below Average Quality	Poor Quality	I'm not Sure
All	1563	267	396	429	130	341
Northwest	223	36	70	69	17	31
		16.1%	31.4%	30.9%	7.6%	13.9%
Southwest	340	60	83	84	22	91
		17.7%	24.4%	24.7%	6.5%	26.8%
North Central	174	25	54	43	22	30
		14.4%	31.0%	24.7%	12.6%	17.2%
South Central	271	60	64	69	15	63
		22.1%	23.6%	25.5%	5.5%	23.3%
Northeast	193	33	32	63	26	39
		17.1%	16.6%	32.6%	13.5%	20.2%
Southeast	362	53	93	101	28	87
		14.6%	25.7%	27.9%	7.7%	24.0%

Please rate the quality of local substance use treatment services in your community.

	n	Good Quality	Above Average Quality	Below Average Quality	Poor Quality	I'm not Sure
All	1556	226	355	358	100	517
Northwest	223	34	56	63	16	54
		15.3%	25.1%	28.3%	7.2%	24.2%
Southwest	337	47	71	69	22	128
		14.0%	21.1%	20.5%	6.5%	38.0%
North Central	173	22	49	41	18	43
		12.7%	28.3%	23.7%	10.4%	24.9%
South Central	270	41	55	54	11	109
		15.2%	20.4%	20.0%	4.1%	40.4%
Northeast	193	30	37	49	16	61
		15.5%	19.2%	25.4%	8.3%	31.6%
Southeast	360	52	87	82	17	122
		14.4%	24.2%	22.7%	4.2%	33.9%

QUALITY OF SERVICES BY REGION

Please rate the quality of <u>parks, libraries or community centers</u> in your community.

	n	Good Quality	Above Average Quality	Below Average Quality	Poor Quality	I'm not Sure
All	1564	553	95	243	61	78
Northwest	222	74	7	7	8	7
		33.3%	3.2%	3.2%	4.0%	3.2%
Southwest	340	125	8	20	20	8
		36.8%	2.4%	5.9%	6.0%	2.4%
North Central	173	57	6	4	4	6
		33.0%	3.5%	2.3%	2.0%	3.5%
South Central	271	98	25	12	12	25
		36.2%	9.2%	4.4%	4.0%	9.2%
Northeast	195	55	11	7	7	11
		28.2%	5.6%	3.6%	4.0%	5.6%
Southeast	363	144	21	11	11	21
		39.7%	5.8%	3.0%	3.0%	5.8%

Please rate the quality of <u>public transportation</u> in your community.

	n	Good Quality	Above Average Quality	Below Average Quality	Poor Quality	I'm not Sure
All	1557	308	368	404	246	231
Northwest	222	40	57	68	30	27
		18.0%	25.7%	30.6%	13.5%	12.2%
Southwest	338	58	74	93	62	51
		17.2%	21.9%	27.5%	18.3%	15.1%
North Central	172	26	34	54	37	21
		15.1%	19.8%	31.4%	21.5%	12.2%
South Central	268	63	57	50	48	50
		23.5%	21.3%	18.7%	17.9%	18.7%
Northeast	196	29	32	60	41	34
		14.8%	16.3%	30.6%	20.9%	17.4%
Southeast	361	92	114	79	28	48
		25.5%	31.6%	21.9%	7.8%	13.3%

QUALITY OF SERVICES BY REGION

Please rate how available job opportunities for families in your community.

	n	Good Quality	Above Average Quality	Below Average Quality	Poor Quality	I'm not Sure
All	1560	216	332	570	173	269
Northwest	223	25	45	98	38	17
		11.2%	20.2%	44.0%	17.0%	7.6%
Southwest	342	44	72	119	44	63
		12.9%	21.1%	34.8%	12.9%	18.4%
North Central	172	22	35	76	15	24
		12.8%	20.4%	44.2%	8.7%	14.0%
South Central	269	55	64	70	24	56
		20.5%	23.8%	26.0%	8.9%	20.8%
Northeast	193	15	34	93	24	27
		7.8%	17.6%	48.2%	12.4%	14.0%
Southeast	361	55	82	114	28	82
		15.2%	22.7%	31.6%	7.8%	22.7%

Please rate how available crime or community violence prevention in your community.

	n	Good Quality	Above Average Quality	Below Average Quality	Poor Quality	I'm not Sure
All	1558	178	276	447	161	496
Northwest	221	21	48	75	29	48
		9.5%	21.7%	33.9%	13.1%	21.7%
Southwest	339	41	57	95	43	103
		12.1%	16.8%	28.0%	12.7%	30.4%
North Central	173	17	34	55	14	53
		9.8%	19.7%	31.8%	8.1%	30.6%
South Central	270	37	48	58	27	100
		13.7%	17.8%	21.5%	10.0%	37.0%
Northeast	192	22	29	65	19	57
		11.5%	15.1%	33.9%	9.9%	29.7%
Southeast	363	40	60	99	29	135
		11.0%	16.5%	27.3%	8.0%	37.2%

COMMUNITY NEED BY REGION

Please rate your community's need in child care.

	n	High Need	Average Need	Low Need	Not Sure
All	1569	926	500	63	80
Northwest	225	125	83	10	7
		55.6%	36.9%	4.4%	3.1%
Southwest	342	184	127	16	15
		53.8%	37.1%	4.7%	4.4%
North Central	173	98	66	5	4
		56.7%	38.2%	2.9%	2.3%
South Central	269	167	62	17	23
		62.1%	23.1%	6.3%	8.6%
Northeast	198	124	61	4	9
		62.6%	30.8%	2.0%	4.6%
Southeast	362	228	101	11	22
		63.0%	27.9%	3.0%	6.1%

Please rate your community's need in child safety.

	n	High Need	Average Need	Low Need	Not Sure
All	1564	709	708	67	80
Northwest	225	102	104	8	11
		45.3%	46.2%	3.6%	4.9%
Southwest	340	139	167	20	14
		40.9%	49.1%	5.9%	4.1%
North Central	174	70	90	9	5
		40.2%	51.7%	5.2%	2.9%
South Central	268	126	105	17	20
		47.0%	39.2%	6.3%	7.5%
Northeast	195	106	79	2	8
		54.4%	40.5%	1.0%	4.1%
Southeast	362	166	163	11	22
		45.9%	45.0%	3.0%	6.1%

COMMUNITY NEED BY REGION

Please rate your community's need in community environment.

	n	High Need	Average Need	Low Need	Not Sure
All	1549	757	647	65	80
Northwest	224	116	93	8	7
		51.8%	41.5%	3.6%	3.1%
Southwest	340	168	146	12	14
		49.4%	42.9%	3.5%	4.1%
North Central	172	76	82	9	5
		44.2%	47.7%	5.2%	2.9%
South Central	260	119	102	13	26
		45.8%	39.2%	5.0%	10.0%
Northeast	195	104	80	7	4
		53.3%	41.0%	3.6%	2.1%
Southeast	358	174	144	16	24
		48.6%	40.2%	4.5%	6.7%

Please rate your community's need in environment – air and water quality.

	n	High Need	Average Need	Low Need	Not Sure
All	1549	428	773	254	94
Northwest	221	45	116	48	12
		20.4%	52.5%	21.7%	5.4%
Southwest	340	96	183	41	20
		28.2%	53.8%	12.1%	5.9%
North Central	173	18	93	50	12
		10.4%	53.8%	28.9%	6.9%
South Central	263	79	111	48	25
		30.0%	42.2%	18.3%	9.5%
Northeast	197	56	106	30	5
		28.4%	53.8%	15.2%	2.5%
Southeast	355	134	164	37	20
		37.8%	46.2%	10.4%	5.6%

COMMUNITY NEED BY REGION

Please rate your community's need in pregnancy and birth outcomes.

	n	High Need	Average Need	Low Need	Not Sure
All	1562	521	781	102	158
Northwest	225	81	110	19	15
		36.0%	48.9%	8.4%	6.7%
Southwest	340	121	162	26	31
		35.6%	47.7%	7.7%	9.1%
North Central	174	45	98	15	16
		25.9%	56.3%	8.2%	9.2%
South Central	267	81	129	19	38
		30.3%	48.3%	7.1%	14.2%
Northeast	196	59	111	9	17
		30.1%	56.6%	4.6%	8.7%
Southeast	360	134	171	14	41
		37.2%	47.5%	3.9%	11.4%

Please rate your community's need in social and economic issues.

	n	High Need	Average Need	Low Need	Not Sure
All	1568	992	431	58	87
Northwest	155	155	57	6	6
	69.2%	69.2%	25.5%	2.7%	2.7%
Southwest	201	201	101	18	21
	58.9%	58.9%	29.6%	5.3%	6.2%
North Central	119	119	42	5	8
	68.4%	68.4%	24.1%	2.9%	4.6%
South Central	156	156	72	10	32
	57.8%	57.8%	26.7%	3.7%	11.9%
Northeast	132	132	60	2	3
	67.0%	67.0%	30.5%	1.0%	1.5%
Southeast	229	229	99	17	17
	63.3%	63.3%	27.4%	4.7%	4.7%

COMMUNITY NEED BY REGION

Please rate your community's need in substance use.

	n	High Need	Average Need	Low Need	Not Sure
All	1537	1058	311	28	140
Northwest	220	174	31	4	11
		79.1%	14.1%	1.8%	5.0%
Southwest	337	229	68	5	35
		68.0%	20.2%	1.5%	10.4%
North Central	174	136	30	1	7
		78.2%	17.2%	0.6%	4.0%
South Central	255	144	65	3	43
		56.5%	25.5%	1.2%	16.9%
Northeast	195	152	30	3	10
		78.0%	15.4%	1.5%	5.1%
Southeast	356	223	87	12	34
		62.6%	24.4%	3.4%	9.6%

Opioid and Substance Use Disorder Pilot Program Interim Summary

BACKGROUND

The opioid crisis is impacting families nationwide, prompting state and local governments to enact systems-level public health responses. Evidence-based home visiting (EBHV) programming successfully engages with high-needs families, including those struggling with substance use. In 2018, Pennsylvania invested in EBHV as a promising mechanism to support families in communities with a high burden of opioid use disorder. Twenty state-funded pilot sites proposed varied strategies to serve families impacted by substance use in a diversity of geographic settings and EBHV models.

METHODS

We took a mixed-methods approach to evaluate the implementation of pilot programs designed to address substance use in EBHV in Pennsylvania.

Longitudinal surveys were developed using the Home Visiting Applied Research Collaborative (HARC) Indicators of Coordination[1] and the Center for the Study of Social Policy's Strengthening Families and Protective Factors Framework.[2] These data were collected at three timepoints to measure concepts of implementation across the sites, including organizational climate, service capacity, and coordination efforts, as well as the delivery of pilot components as intended.

Site visits and interviews were conducted at 10 of the 20 sites selected for variability in geography, EBHV model, pilot components, indicators of coordination and capacity. These data were collected eight months post-implementation and used to inform our understanding of barriers and facilitators to implementing this work. A total of 36 interviews were conducted with 52 individuals.

KEY TAKEAWAYS

- The home visiting model was a good fit for the substance use disorder and recovery population—**bringing support into families' homes and focusing on parenting support** facilitated parent engagement.

- Sites identified several innovative approaches to program adaptation to engage and serve families impacted by substance use disorder:

Service Delivery
- Increased **frequency of visits** to once per week
- **Incorporated Families in Recovery** curriculum for groups

Staffing
- **Co-located** Drug & Alcohol Specialist for staff supervisory and training support
- **Certified Peer Recovery Specialists** as home visitors

Setting
- **Group parenting** classes and 1-on-1 home **visits in treatment centers**
- Home visits at visit center for parents with **children in out-of-home care**

Recruitment
- Referrals from health center with **prenatal universal drug screen**
- On-site **recruitment from local prison**

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1 https://www.hvresearch.org/service-coordination-toolkit/indicators-of-coordination/
2 https://cssp.org/our-work/project/strengthening-families/

- **Partnerships with other support services,** including substance use treatment and mental health supports, facilitated identifying and engaging families, and provided important supports for families and HV staff.

- There were **place-based challenges and strengths in both rural and urban communities.** Smaller, more rural communities tended to have stronger networks, but lacked certain resources, like hospitals and substance use treatment providers. While larger, urban sites were rich with social services and drug treatment options, but often had difficulty building meaningful partnerships.

- Some **staff had difficulty working with families** struggling with substance use disorder due to personal experiences, discomfort and personal biases.

- Some sites wished they had been **connected to other pilot sites** in order to address similar problems and challenges in this work.

RECOMMENDATIONS

Based on pilot experiences, future efforts would benefit from the following recommendations:

- **Ensure staff are comfortable and competent** by hiring staff with content expertise (e.g., peer support recovery specialists) or providing training for existing home visitors and decreasing the standard caseload of staff working with families impacted by SUD.

- **Make the content relevant and valuable** to these families by adapting curricula or adding a group component.

- **Encourage multi-sector partnerships** to improve access to and engagement of families, including collaborations with child and youth services, drug and alcohol treatment and mental health supports.

- **Design a learning collaborative** to support the exchange of knowledge and support across agencies doing this work.