Lancaster County Youth Behavioral & Mental Health Needs Assessment
January 2015

Presented by
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Dear Community Partner,

We are delighted to present and share the findings of our "Lancaster County Youth Behavioral & Mental Health Needs Assessment". The Lancaster Osteopathic Health Foundation (LOHF) improves public health and well-being in Lancaster County by focusing on two intersecting goals: strengthening the capacity of the health care professional community, and improving children's behavioral health services.

We seek to make well-informed, data-driven funding decisions to improve children's behavioral health services and strengthen the capacity of our health care professionals. To do this, we first had to better understand Lancaster County's specific needs for behavioral and mental health among children and youth. In 2014, we partnered with the Nonprofit Resource Network of Millersville University, coLAB, Inc., and this project was supported in part by a grant from the Lancaster County Community Foundation.

With the results of this study, we have gained a comprehensive understanding of youth behavioral and mental health needs in Lancaster County. We hope to encourage a culture of collaboration that fosters community partnerships to meet the behavioral and mental health needs of Lancaster County children, their families and caregivers.

In the coming months, we will release new grantmaking guidelines and processes to advance mental wellness of children and youth in Lancaster County by facilitating access, education and coordination of resources so that all children and youth in Lancaster County experience mental wellbeing.

We will continue to invest over $60,000 annually in our nurse education scholarship program to help meet the needs for skilled nursing by supporting nurses in all levels of their education. But we will also commit additional funds plus research and advocacy efforts to advance resources for healthier outcomes. We encourage creativity, innovation, and partnership among the efforts we fund.

Thank you for your partnership and your support. We look forward to working with you, and we welcome your feedback. If you are interested in sharing these findings with your staff, please let me know, and we can arrange to present the results and provide copies of the report for you.

Sincerely,

Anna Brendle Kennedy
Executive Director

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Executive Summary

The Nonprofit Resource Network of Millersville University, working in partnership with coLAB Inc., is pleased to provide this final report for the Lancaster County Youth Behavioral & Mental Health Needs Assessment to the Lancaster Osteopathic Health Foundation (LOHF). LOHF contracted with the NRN and coLAB in January 2014 for this needs assessment with research implementation commencing in April 2014. The research project featured a robust mixed-methods design which included quantitative (random sample telephone survey and secondary data analysis) and qualitative approaches (focus group and key informant interviews). The final phase of the project was the telephone survey completed in November 2014.

The final report is organized around the five key themes that emerged from the mixed methods study. The five themes are broad categorizations of the data collected and provide a useful mechanism for presenting the findings. The themes are not meant to be mutually exclusive, but they are comprehensive enough to cover the variety of inter-related thoughts and ideas. The five themes are:

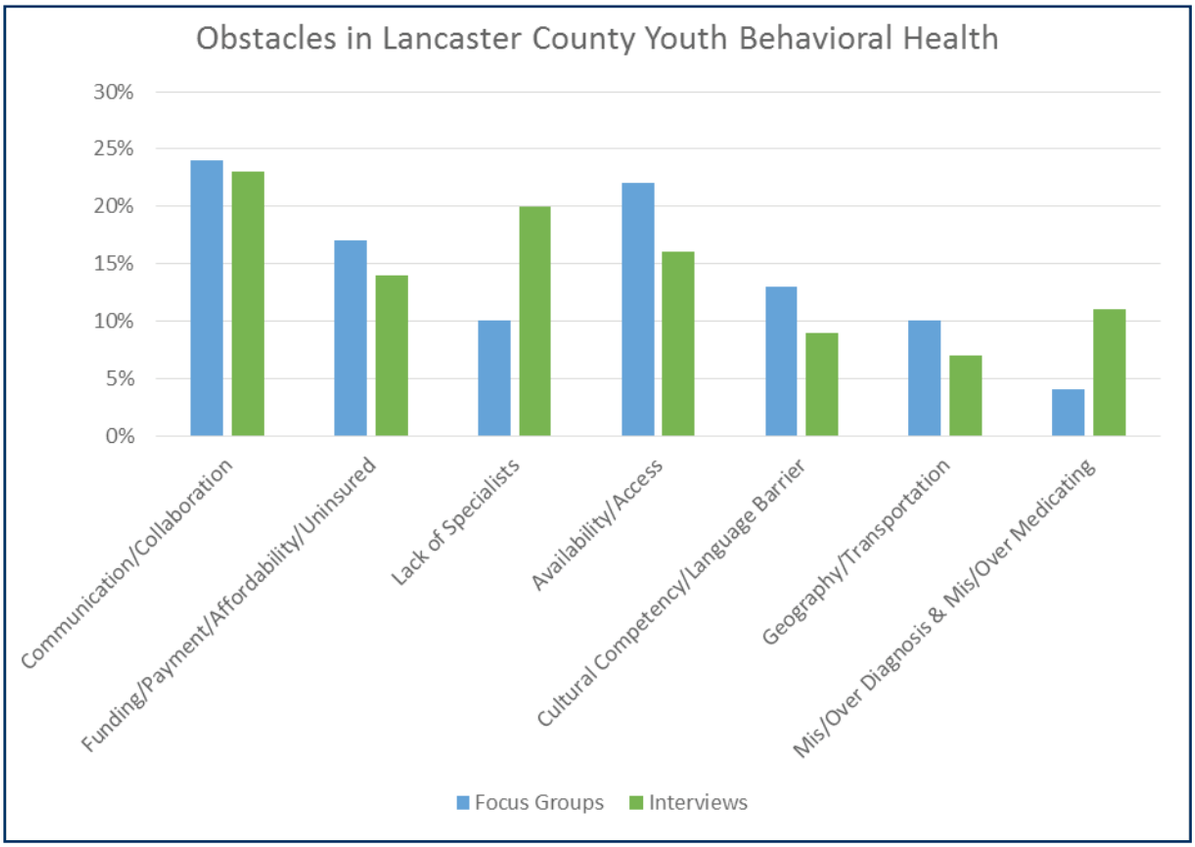
- Access and Availability
- Transitional Ages
- Lack of Specialists
- Communication and Collaboration
- Affordability and Insurance

The target age group under study in this research design is youth age 0-25 living in Lancaster County, Pennsylvania. To provide some background on the youth behavioral and mental health topic, some selected data points from various sources are worth considering (references - page 23).

Youth Population

- Population of youth age 0-24 years old in Lancaster County in 2010 was 179,653. This age cohort makes up 34.6% of the total population, and is in line with the national population (34%).
- The population of Lancaster County continues to grow, with a total population of 519,445 in 2010 that is estimated to increase to 526,194 by 2020 (1.30% increase).

Needs Assessment Summary Results



Parents Responded

If you could make one suggestion to improve the process you went through to make sure your child received the necessary health care services or treatments, what would it be?

- Reduce costs of insurance and/or care
- Improve insurance processes
- Increase access to care
- Better communication and coordination between providers, primary and specialists, school and physicians
- Better communication between clients and providers
- Improved customer service oriented attitude toward clients

Pennsylvania and United States Data

Behavioral and Mental Health Needs

- In 2007, 13.4% of children in Pennsylvania, 2-17 years old, had one or more emotional, behavioral, or developmental condition.
- Among Pennsylvanian children, males are more than twice as likely to have an emotional, behavioral, or developmental condition.
- Suicide, which can result from the interaction of mental disorders and other factors, was the second leading cause of death among children aged 12–17 years in 2010.

- Almost one-quarter of children (22.4%) in Pennsylvania, age 4 months-5 years, are considered at moderate- or high-risk for developmental, behavioral, or social delays.
- Among children in Pennsylvania, age 2-17 years, with emotional, behavioral, or developmental conditions, 68.8% received needed mental health care.
- 29.8% of children in Pennsylvania, age 10 months-5 years, received a standardized developmental screening during health care visit.
- Across the US, the cost of services and decreased productivity of mental disorders for children 0 to 24 years is about $247 billion annually.
- In US, from 2007 to 2010, there was a 24% increase in inpatient mental health and substance abuse admissions among children.
- In the US, the rate of hospital stays among children for mood disorders increased 80% between 1997-2010.
- Children with mental disorders are more likely to have other chronic health conditions, such as asthma, diabetes, or epilepsy, than children without mental disorders.

Defining mental health and behavioral health

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society.

Behavioral health identifies Risk factors, which predispose individuals to mental illness; and Protective factors, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral disorders is inherently interdisciplinary and draws on a variety of different strategies.[1]

1 Healthy People 2020 from the Centers for Disease Control and Prevention http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicId=28

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1 National Research Council and Institute of Medicine, Committee on the Prevention of Mental Disorders and Substance Abuse among Children, Youth, and Young Adults. Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities [Internet]. O'Connell ME, Boat T, Warner KE, editors. Washington: National Academies Press; 2009. 562 p. Available from: http://www.iom.edu/Reports/2009/Preventing-Mental-Emotional-and-Behavioral-Disorders-Among-Young-People-Progress-and-Possibilities.aspx. This book, which can be read online for free, provides the most current evidence on preventing mental, emotional, and behavioral disorders among young people.

Approach and Methodology

The power of this mixed method design is the ability to join the quantitative approaches of random sample telephone survey and secondary data analysis with the more qualitative approaches of focus group and key informant interviews. This provides a richer and more nuanced understanding and allowed the research team to strengthen the later research phases (focus groups and telephone survey) based on data collected in the early phases (secondary data and key informant interviews). Mixed methods can improve the validity of a research design and allow for greater generalizability of research findings due to the multiple lenses involved in the process.

- Secondary data analysis was completed first to gather all existing sources of data available for county, state, and national statistics on children and youth mental and behavioral health. The lack of available data for Lancaster County reinforced our need to conduct this comprehensive study.

- Key informant interviews are a qualitative method of gathering data and insights from industry professionals, service providers, advocates and others that are intimately involved in the subject matter. Fourteen key informants representing a variety of stakeholders were interviewed as part of the project.

- Focus groups are a qualitative approach that allows a research team to gain more in-depth information on perceptions, insights, attitudes, experiences, or beliefs of a small group. A trained facilitator guides the group based on a predetermined set of topics and questions and encourages participants to share their perspectives. Five focus groups were conducted at various locations with sizes ranging from 6 to 13 participants.

- The telephone survey was the final research phase to be deployed for the project. The questionnaire was heavily informed by the results of the key informant interviews and the focus groups, with input from the Lancaster County Mental Well-Being Collaborative, which represents major behavioral health providers in our community. The results of the randomly selected telephone survey are based on computer-assisted telephone interviews with 1,015 adult residents of Lancaster County, Pennsylvania, conducted from October 6 to November 7, 2014. The overall response rate for this survey was 21%.[1] The sample of 1,015 residents of Lancaster County has a maximum margin of sampling error of + 3.07 percent at the conventional 95% level of confidence.

1 1 The response rate for this survey was calculated using Response Rate 2 (RR2) as defined by the American Association for Public Opinion Research (A.A.P.O.R.).

The data provided below represents phone polling (primarily) as well as the focus group/key informant interviewees.

ZIP CODE	
17022	3.8%
17453	0.4%
17501	0.9%
17502	0.7%
17508	0.7%
17512	2.0%
17516	1.1%
17517	3.1%
17518	0.4%
17519	1.3%
17520	1.1%
17522	4.7%
17527	0.9%
17532	1.8%

ZIP CODE	
17536	1.3%
17538	0.7%
17540	2.0%
17543	12.0%
17545	5.8%
17547	1.8%
17551	2.7%
17552	5.6%
17554	1.1%
17555	1.1%
17557	2.9%
17560	1.3%
17562	0.4%
17563	0.9%

ZIP CODE	
17566	1.6%
17568	0.4%
17569	2.9%
17572	0.7%
17581	0.7%
17582	0.7%
17584	0.4%
17601	15.1%
17602	3.6%
17603	9.6%
17673	0.9%
17751	0.4%
17752	0.4%

Race	
White	90.4%
White -Lancaster County	91.0%
Black/African-American	4.6%
Black/African-American -Lancaster County	4.6%
American Indian	0.9%
American Indian and Alaska Native -Lancaster County	0.4%
Native Hawaiian	0.4%
Native Hawaiian and Other Pacific Islander -Lancaster County	0.1%
other	6.1%
refused	1.3%

Hispanic or Latino Represented in this Study	9.5%
Yes	3.9%
no	95.6%
refused	0.4%

Education	
less than High School degree	6.7%
High School graduate	25.3%
some College, but not degree	13.4%
Associate's degree	13.9%
Bachelor's degree	25.5%
Advanced degree (e.g., master's, law, medical)	14.3%
Refused	0.9%
Lancaster County Median	
High school graduate or higher	83.9%
Bachelor's degree or higher	24.2%

Sex*	
Male	37.4%
Female	62.6%
Lancaster County	
Male	48.9%
Female	51.1%

*Please note: more women typically pick up the phone than men.

INCOME	
$0 - $20,000	2.8%
$20,001 - $40,000	12.5%
$40,001 - $60,000	20.4%
$60,001 - $80,000	17.9%
$80,001 - $100,000	9.2%
$100,001 +	25.2%
don't know/refused	12.0%
Lancaster County Median	$56,483

Theme 1: Access and Availability

Access and availability refers to the ways in which a youth with a mental or behavioral health need is able to get the care and services necessary to treat the diagnosis.

This includes:

- Access to care in a timely fashion
- Adequate insurance and affordable payment options
- In their native language with cultural sensitivity
- With reliable transportation
- Without fear of stigma for seeking treatment

Among the participants in the focus groups, when asked about obstacles within the behavioral and mental health field, the most frequently occurring topic was access and availability. Psychiatric care for children is hard to find in Lancaster County Most wait three weeks to one month to get treatment. In part, this is due to there not being a children's hospital in Lancaster, and more specifically, there isn't a children's unit within a hospital. One social worker reported, "[In July] our psychiatrist is booking out until September, and that's good timing here."

Even if a behavioral and mental health diagnosis is identified, services aren't available quickly enough. One focus group participant said, "Services are similar to tax breaks, they exist, but very few people know how to access them." A less common but widely accepted idea was that services already exist, but the field, as a whole, needs to reorganize and make them easier to access. A large barrier to receiving services was identified because of issues with insurance and affordability, and finding services but learning that waiting lists are at maximum capacity. Additional barriers include language, transportation, culture and stigma related to behavioral and mental health.

Key informants reported a need for more providers in mental and behavioral health and cited a lack of services, especially for low-income children. Access and availability in a timely manner due to long waiting lists was cited as the top unmet behavioral and mental health need for children in Lancaster County.

Figure 1: Focus Groups - Obstacles in BH/MH

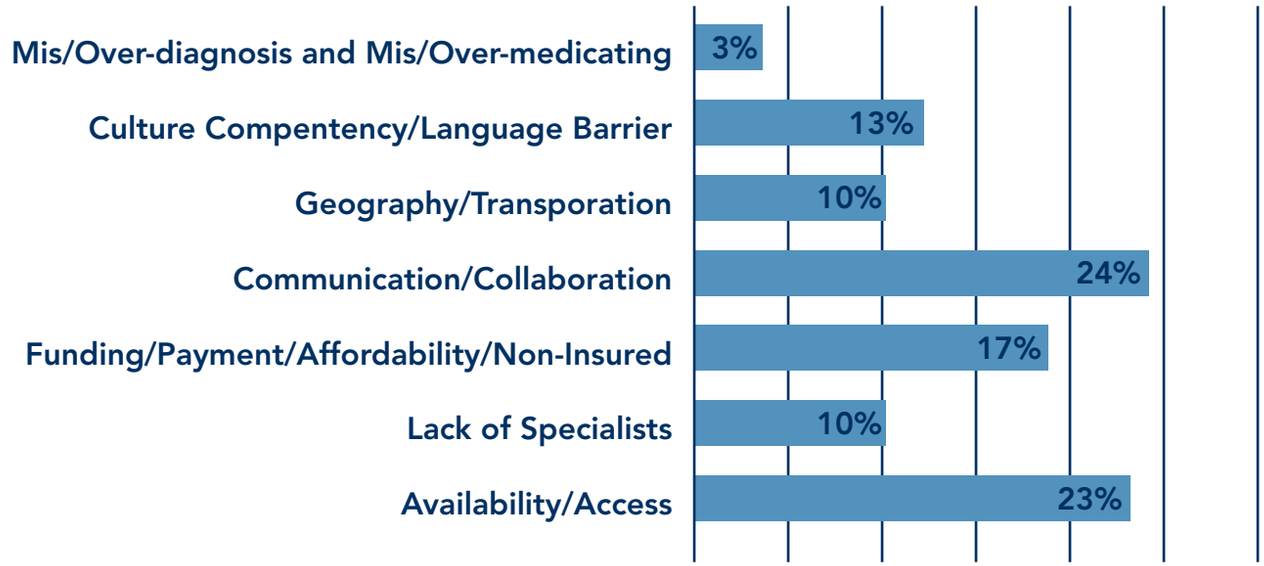
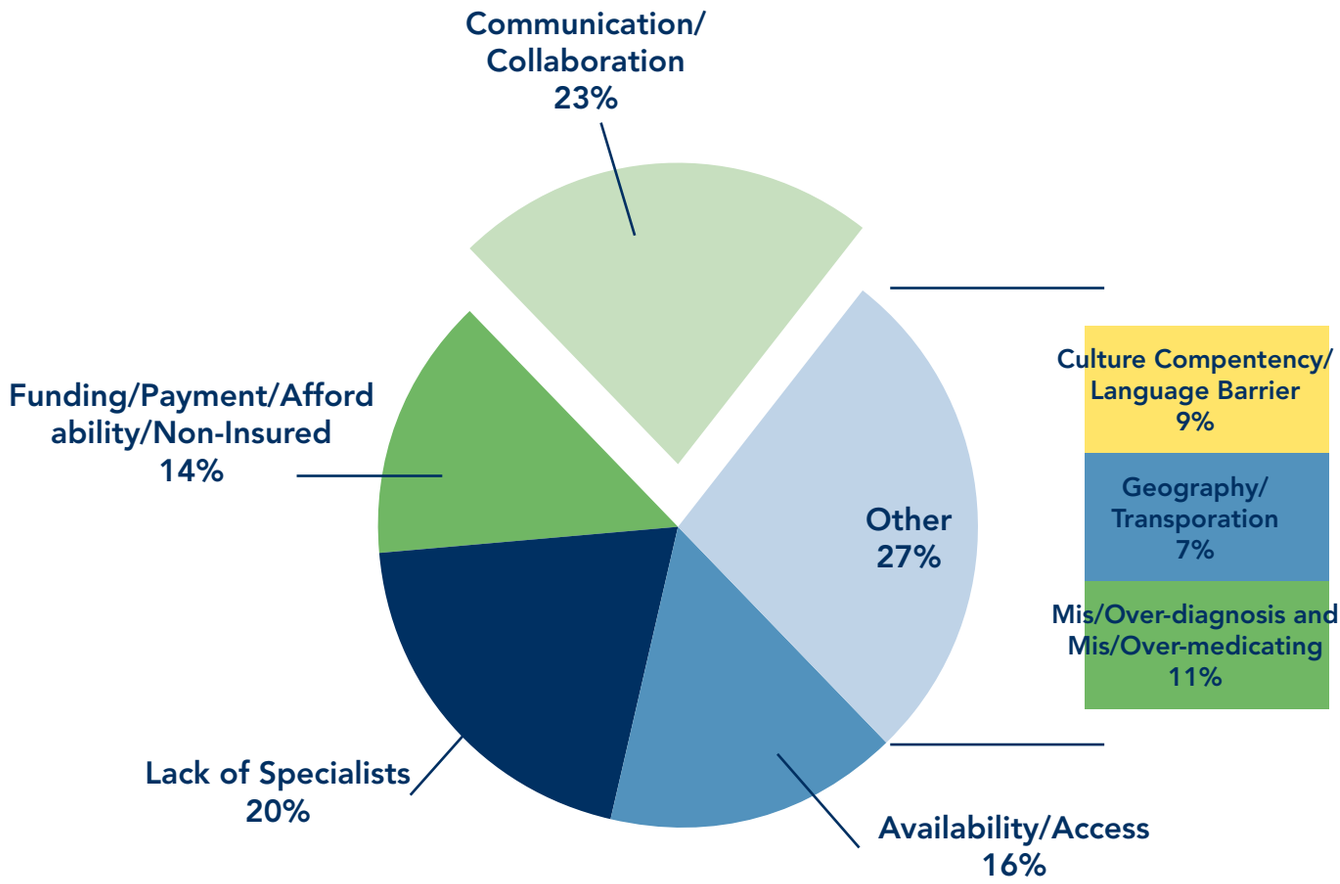


Figure 2: Key Informant Interviews - Obstacles in BH/MH



Telephone Survey

Our results revealed that 43% of the parents we interviewed said their children experienced at least one of the mental health challenges asked about in our survey. Remarkably, a full 25% of parents said their children experienced more than one mental health challenge. Among those parents whose children experienced a mental health challenge, only 45% said their child saw a health care provider for treatment or services related to the problem(s) over the past 12 months. Why is this percentage so low? Our data do not allow us to identify the causal factors with absolute certainty, but they are suggestive. A number of factors related to access and availability may collectively help to explain this finding:

1. 10% of our respondents said their children do not have health insurance coverage of any kind.

    a. While 10% is relatively low, in a population as large as Lancaster County, this proportion translates into many thousands of children who are not covered by health insurance.

2. The necessity of securing a referral speaks to the difficulty of gaining access; for 14% of parents, getting a referral proved to be a problem (Figure 3).

3. A sizeable proportion of our respondents who were able to gain access to health care treatment or services experience difficulty coordinating their children's care.

    a. Slightly more than 65% of parents said there was no one helping them to arrange or coordinate their children's care to make sure their children get all of the health care they need.
    b. Not surprisingly, 37% of parents said they could have used more help arranging or coordinating

their child's care among the different health care providers.

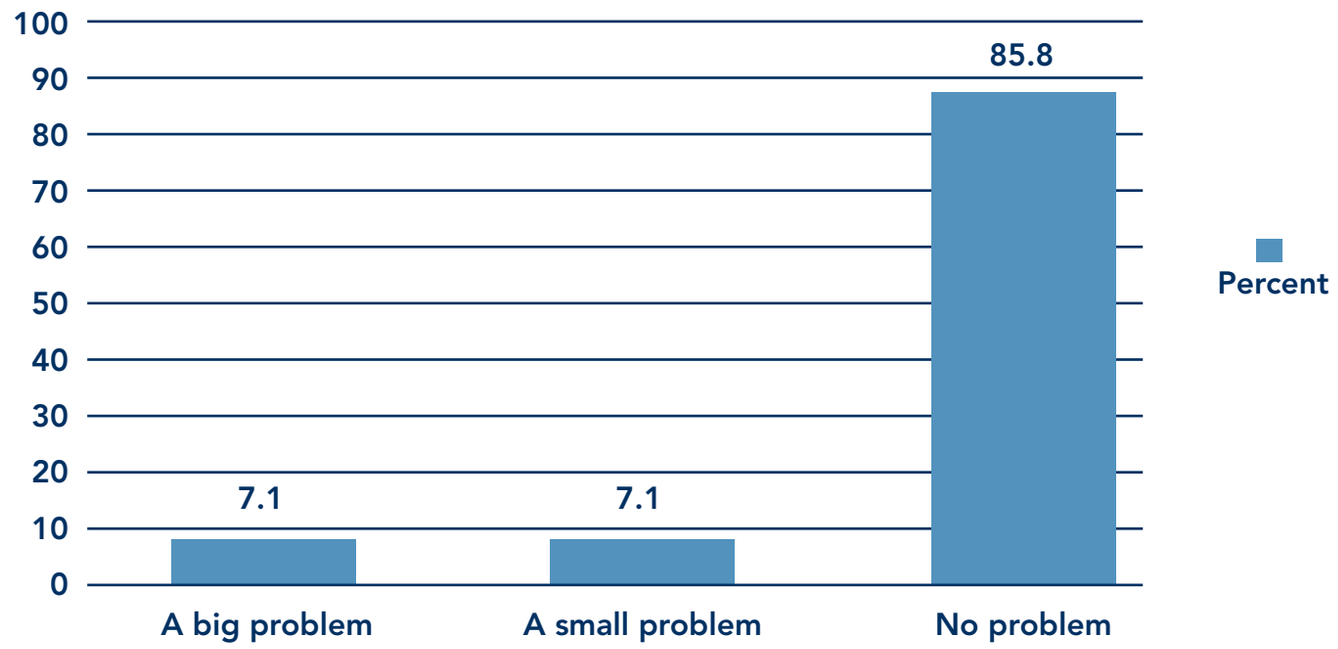
4. Respondents told us that it was often difficult accessing the information they needed in order to make informed choices about their children's health care.

    a. Only 35% said that they always got the specific information they needed from health care providers.
    b. A full 21% of respondents said they were only sometimes or never able to get this information.

5. Finally, we asked our respondents, "If you could make one suggestion to improve the process you went through to make sure your child received the necessary health care services or treatments, what would it be?" Although we asked no specific questions about the issue, a healthy number of respondents spoke about the problem of wait times. The following responses summarize their concern:

    a. "Getting into the doctor's office quick enough for well visits."
    b. "Because of electronic medical records, appointment-making a pain if technology fails."
    c. "Wait times need to be improved."
    d. "Quicker appointment."

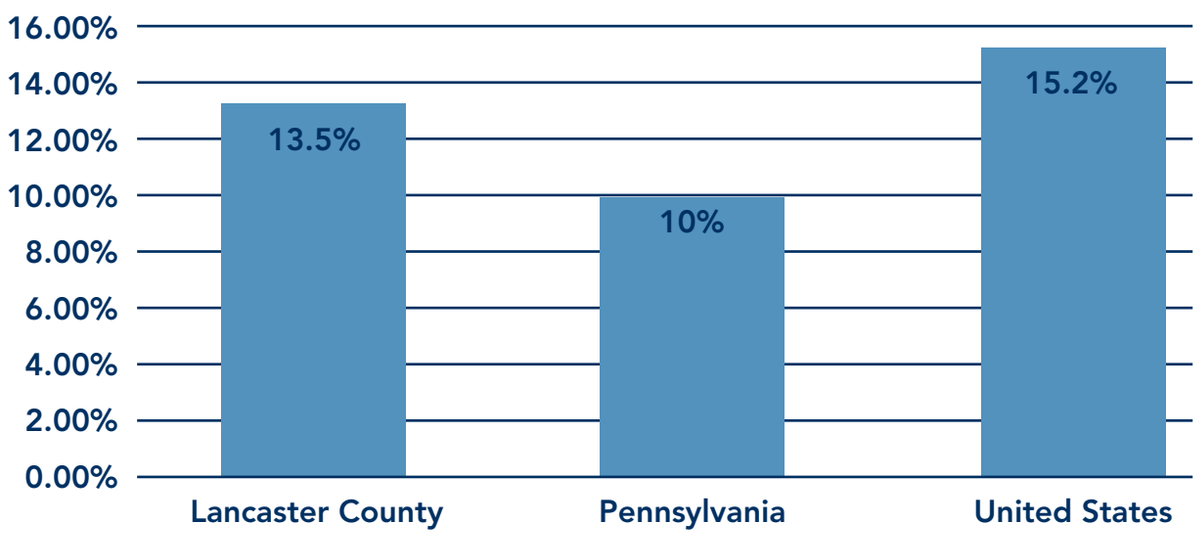
Figure 3: Among those needing a referral, how much of a problem was it:



Secondary Data

From the Community Health Needs Assessment, Final Summary Report: Philhaven May 2013, those without insurance are the most underserved followed by public and then private insurance in Lancaster County. Lancaster County has a notably larger percentage of uninsured residents at 13.4% compared to neighboring counties, which range from 9.1% to 10.4%. The Pennsylvania average is at 10% while the United States average is at 15.2%.

Figure 4:
Average Percentage of Uninsured Residents



Theme 2: Transitional Ages

For the purposes of this study, transitional ages refer to youth between the age of 16 and 25.

Transition age youth constituted the majority of the conversations regarding the largest unmet mental and behavioral health need amongst youth. This is because transitional age periods are generally challenging, and when paired with a mental or behavioral health diagnosis, it becomes even more complicated. At the age of 21, access to care abruptly stops, and a number of professionals in the focus groups reported that those transitional age youth are, "floundering with how to access and wondering what [to do] if they are not eligible for funding or insurance." Adolescence poses the greatest challenges, especially to those that are transitioning from the child system to adult system and have behavioral and mental health challenges.

Figure 5: Focus Groups - Gaps in Service by Age Group

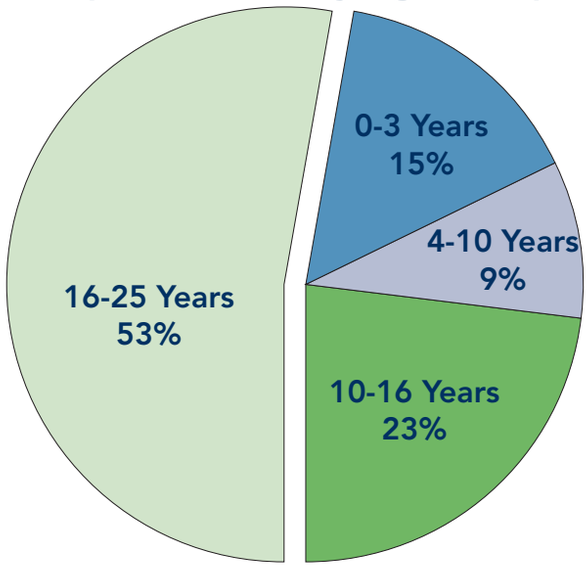
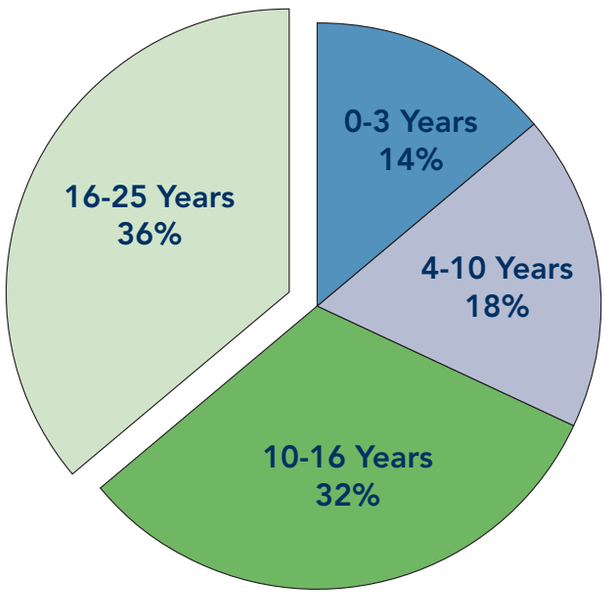


Figure 6: Key Informant Interviews Gaps in Service by Age Group



Telephone Survey

The results of the telephone survey confirmed the importance of transitional age groups. To explore the role of transitional age groups, especially the 16-25 years of age group, we divided our respondents into two groups: parents or legal guardians with children 2-15 years old, and parents with children 16-25 years old. The comparisons revealed a number of similarities and differences:

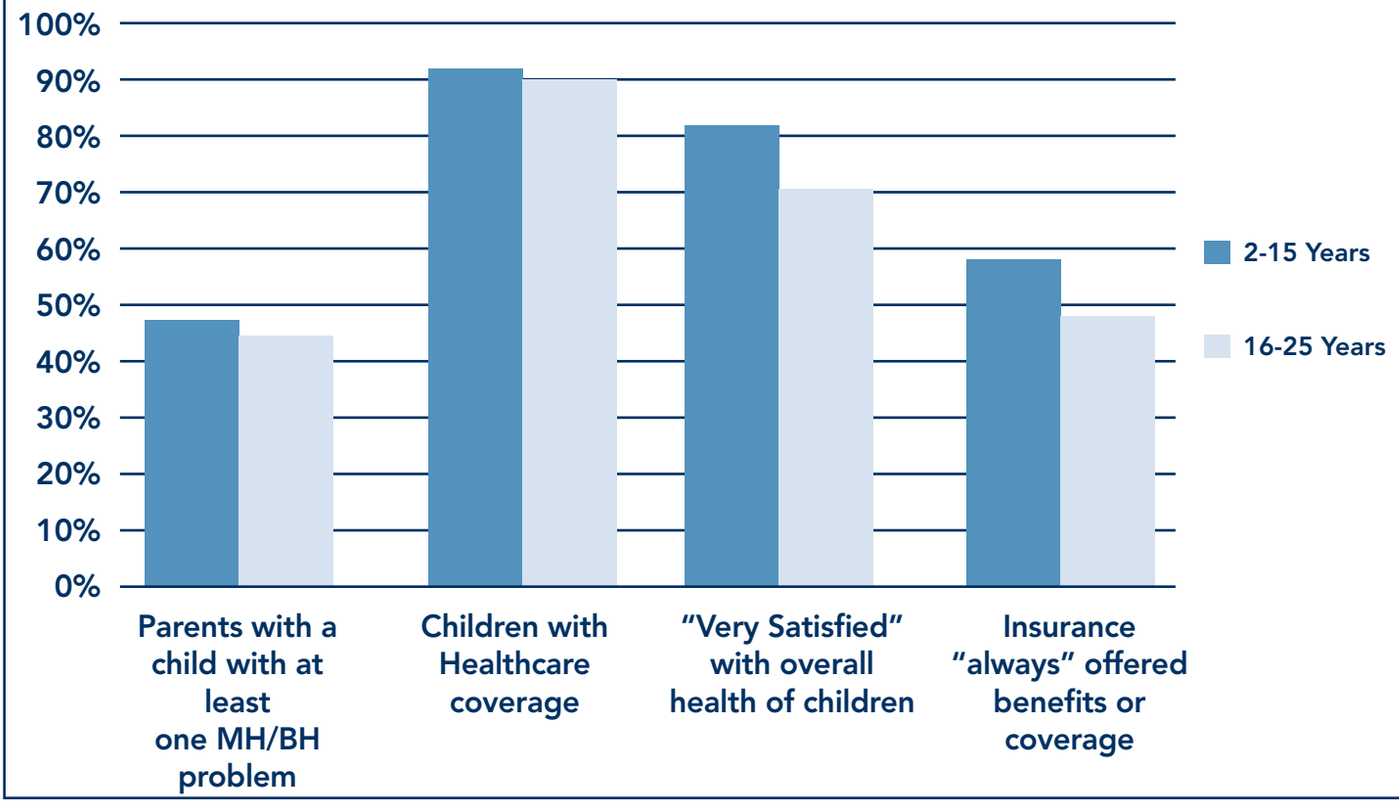
- The numbers of mental health challenges reported by parents in both groups were statistically indistinguishable:
  - 45% of parents in the 2-15 age group reported a child with at least one mental health challenge;
  - 44% of respondents in the 16-25 age group reported the same.

- The children in both age groups enjoyed health care coverage at similar rates:
  - 91% of children 2-15 years old had health care coverage;
  - 90% of children 16-25 were covered.

- Despite similarities in the rates of mental health challenges and health care coverage, parents were less likely to say they were "very satisfied" with the overall health of their children 16-25 years old, in comparison to parents with children 2-15 years old:
  - 81% of respondents with children 2-15 said they were very satisfied;
  - 71% of parents with children 16-25 years old said the same.

- On the issue of health care coverage, although children in the two age groups were covered at similar rates, parents with children 16-25 years old were less satisfied with that coverage:
  - 59% of parents with children 2-15 years old said their insurance "always" offered benefits or covered services that met their child's needs.
  - 47% of parents with children 16-25 years old offered the same response.

Figure 7: Child Health Perceptions among Survey Respondents by Age Group



When it comes to parents' efforts to seek help for their children, several noteworthy differences between these age groups emerge:

1. Parents with children 2-26 years old are more likely to seek advice about their child's health from "a friend or relative" (children 16-25: 12%; children 2-15: 4%).

2. Parents with children 2-26 years old are less likely to have seen a doctor, nurse, or other health care professional for any kind of medical care (children 16-25: 79%; children 2-15: 92%).

3. 27% of parents with children 16-25 years old who sought care for their children's mental health challenges said they needed a referral, compared to 17% of parents with children 2-15 years old.

4. As noted above, parents of children 15-25 years old were more likely to need a referral, but the data show that they had less help coordinating their child's care than parents of children 2-15 years old:

    a. 48% of parents with children 2-15 years old said they had help arranging or coordinating their child's care among the different doctors or services used;
    b. A considerably lower 24% of parents with children 16-25 years old said they were given similar assistance.

5. Not surprisingly, 34% of parents with children 16-25 years old said they felt they could have used more help in arranging or coordinating their child's care among the different health care providers and services.

One set of findings highlighted the prevalence of a risk factor among children in the 2-16 years old age group: school climate and safety:

- Only 6.2% of parents with children 16-25 years old said their child was called mean names, teased, or hit or kicked;

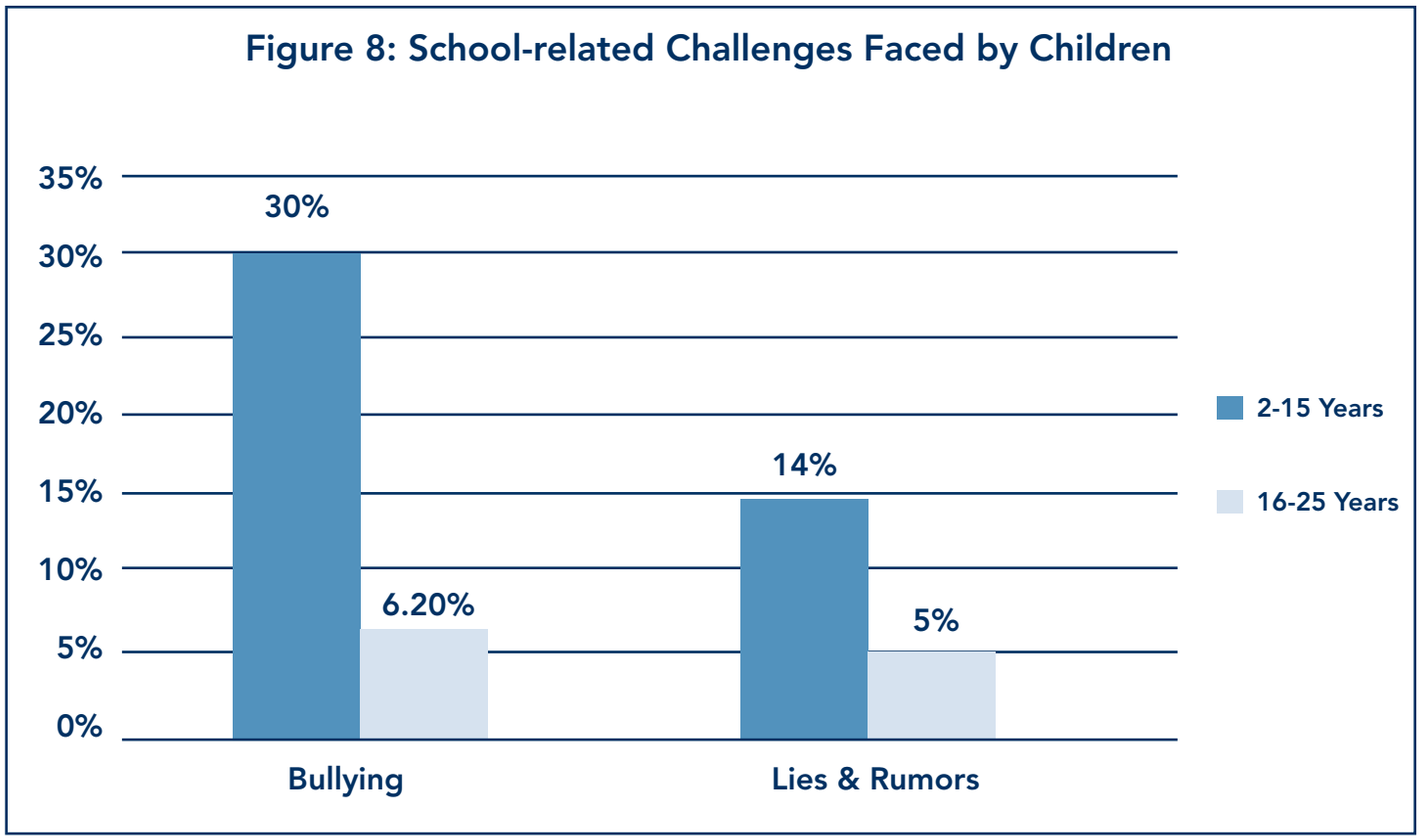
- An alarming 30% of parents with children 2-15 years old said their child was the victim of such behavior at least once a week

    o 25% of these parents said their children were the targets of such behavior more than once a week.

- Children aged 2 to 15 years old were also more frequent targets of lies and false rumors.

    o 5% of parents with children 16-25 years old said their child was the target of other students' lies and false rumors;

    o 14% of parents of children 2-15 years old indicated the same.



Secondary Data

From the Community Health Needs Assessment, Final Summary Report: Philhaven May 2013, the most underserved population: Young adults (18-29 years); followed seniors, then children (0-12) and adults (30-64) ranked the same, with teens (13-17) being considered the least underserved, not as underserved as the rest.

Theme 3: Communication and Collaboration

Communication and Collaboration refers to the need for mental and behavioral health care to be systemically aligned, creating more ease to receive care and to have any vested adults working with youth all access the same info, speak the same language and create a logical and consistent path for the youth's caregivers to navigate. This may function as a care coordination model, or a system of care with youth/family caregiver advocates or navigators to assist both providers and families/caregivers to improve access to services.

To demonstrate the issue is systemic, participants in the study generally agreed that there is a problem with connecting to Primary Care Providers (PCPs) such as family doctors and hospitals, not just within the field of mental and behavioral health.

- Some expressed that behavioral and mental health services for youth exist, but there is no coordination of efforts.

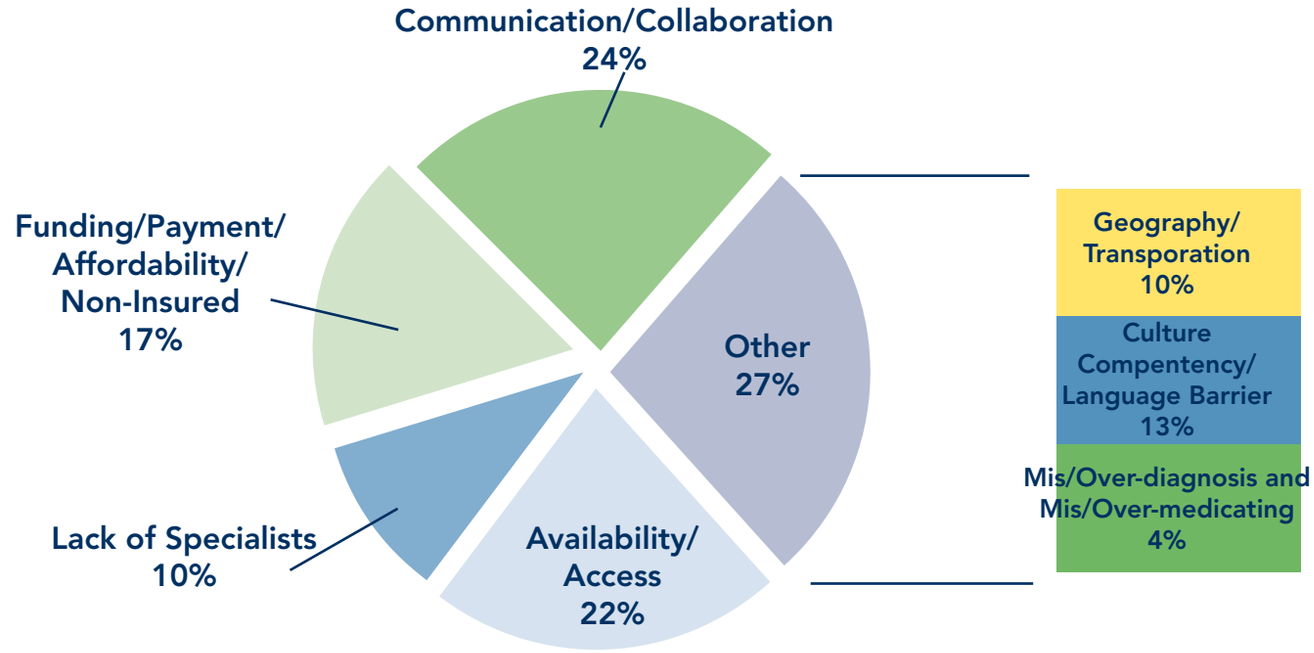
- The system is fragmented and common language changes all the time. Family physicians need to have a connection and coordinate with mental wellness services. Youth behavioral and mental health is a complex issue and the different systems have not learned to work and communicate with each other. It is difficult to get collaboration and integration going, despite people reporting they want it.

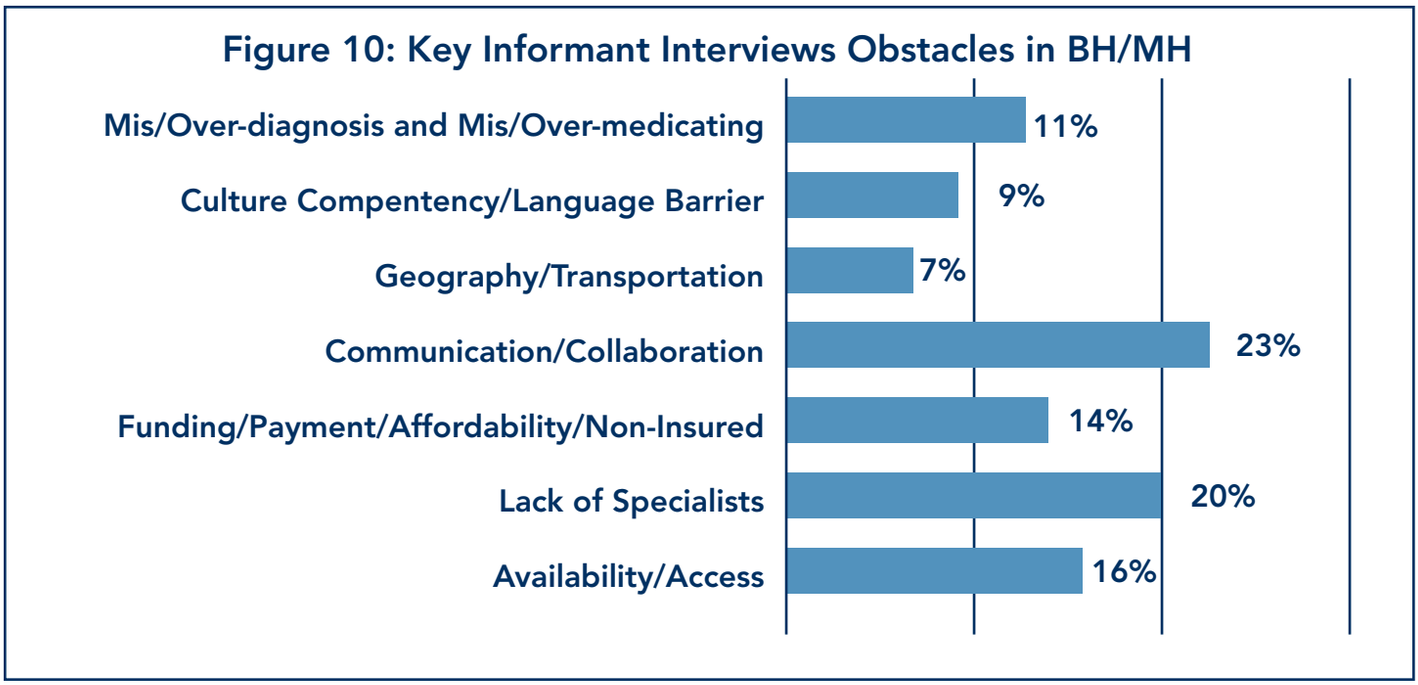
- Regarding the idea of a "children's resource center," a focus group's consensus was that it needs to be more of an integrative project with mental health and PCPs, so PCPs are not working outside of their expertise. This group presented a widely agreed upon and compelling idea that integrating behavioral and mental health and primary care is the way to go.

- A behavioral and mental health professional at PCP facilities for integrated care would have maximum impact. Participants reported that services are inconsistent- the PCP, therapist, support staff and parents may all be using different approaches.

- Parents have identified their need for more support in understanding mental and behavioral problems rather than deferring to a doctor or therapist to capture and provide all of the information. Such information could come from the child's school.

Figure 9: Focus Groups - Obstacles in BH/MH





Telephone Survey

Dissatisfaction with communication and collaboration was a recurring theme in the responses we received to the telephone survey. Among those parents whose children saw a health care provider for treatment of a mental health challenge, 65% received no help arranging or coordinating their child's care.

Responses to the question, "If you could make one suggestion to improve the process you went through to make sure your child received the necessary health care services or treatments, what would it be?" Frequently alluded to problems of collaboration and communication were:

- "Better communication about drugs."
- "Better information readily available."
- "No coordination of services."
- "Lack of communication between doctors and schools."
- "Doctors listening to concerns needs improved."
- "Easier communication with insurance companies."
- "Knowledgeable advocate to help guide through process, especially what questions to ask of doctors."
- "Physical health: talk on parents' level. Go into more of an explanation. Mental health: talk to the parent like they honestly know their own child, and really listen to the parent. Keep parents informed."
- "To follow through and make sure everyone is on the same page, … and things don't go overlooked. More communication."

Relatedly, many of our respondents spoke about the difficulty they experienced obtaining the information they needed to make informed decisions about their children's care.

- Only 35% of parents said that they always got the specific information they needed from health care providers—information such as the causes of health problems, how to care for their children, and what changes to expect in the future.

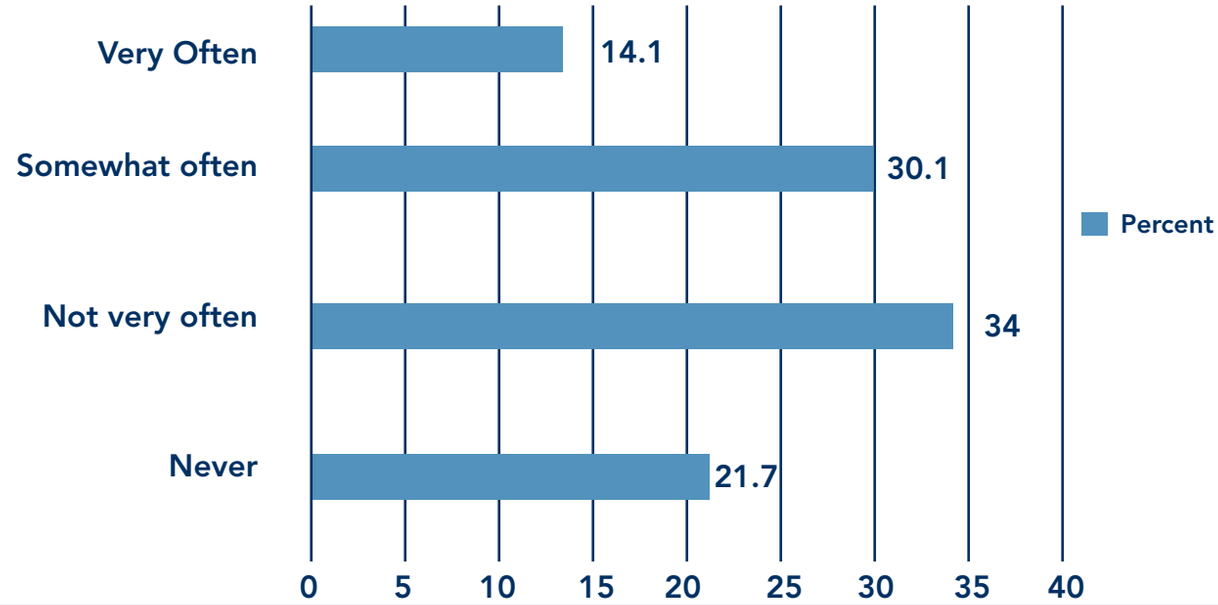
It is little wonder then, that such large percentages of parents sought information from other sources.

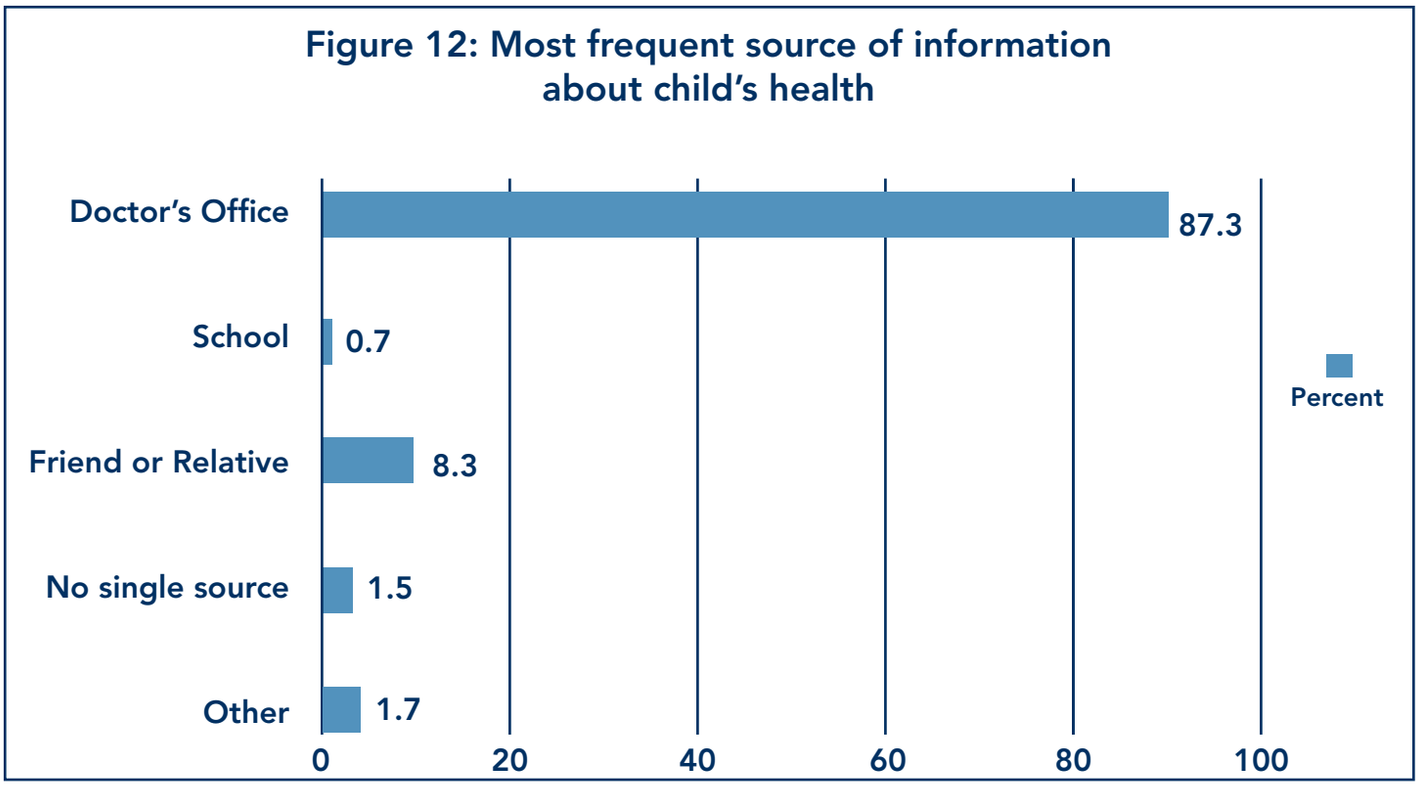
- Of the parents we surveyed, 44% used the internet or social media "very often" or "somewhat often" to get information about their child's health (Figure 11);
- 13% said they get advice about their child's health most often from a source other than a health care provider (Figure 12), with friends and relatives at 8%;

The frustration felt by parents about the difficulty of accessing information is summarized in the following responses to the question, "If you could make one suggestion to improve the process you went through to make sure your child received the necessary health care services or treatments, what would it be?" Responses included:

- "Better information readily available and insurance billing information."
- "Telephone numbers outdated."
- "Outdated information available."
- "Much research done on my own."

Figure 11: Use of the Internet or Social Media to Obtain Information about Child's Health





Secondary Data

From the United Way of Lancaster's 2010 Community Assessment, "The existing mental health system is segmented and difficult to navigate." From the Community Health Needs Assessment, Final Summary Report: Philhaven May 2013, "The lack of a centralized clearinghouse of information and referral services was noted repeatedly. Suggestions were made to either build from existing resources such as 211 or LINK or create a truly integrated system that is evidence-based and yields positive outcomes." Furthermore, "Suggestions were made for improved coordination among Mental Health providers and enhanced collaboration between Mental Health and Physical/Medical Health providers."

Theme 4: Funding, Insurance and Affordability

Funding, insurance and affordability in this study refers to the ways in which a youth with a mental or behavioral health challenge is able to affordably receive services. We asked, if the youth was uninsured, was there funding available for treatment; if the youth had insurance, was it accepted at the preferred provider and were out of pocket costs feasible for the parents/caregivers?

- Focus groups discussed issues with funding, insurance and availability were discussed 20% of the time. Parent focus groups did not discuss this topic at all. One bigger issue is at the state level due to funding constraints.

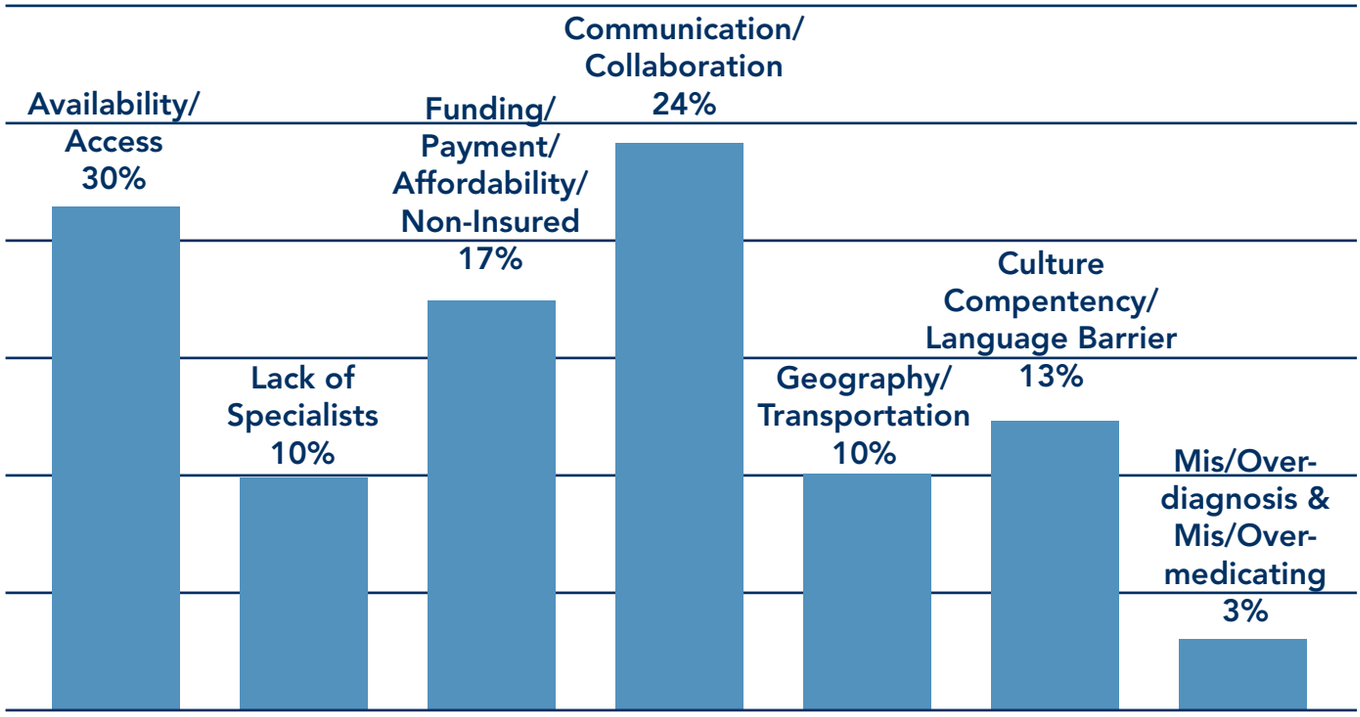
- Another issue is obtaining referrals for insurance. Funding and integrating mental health into PCP services is a potential national model being looked into and modeled locally because PCP providers tend to be closer to families. One group discussed that just because services are there does not mean that people can access them.

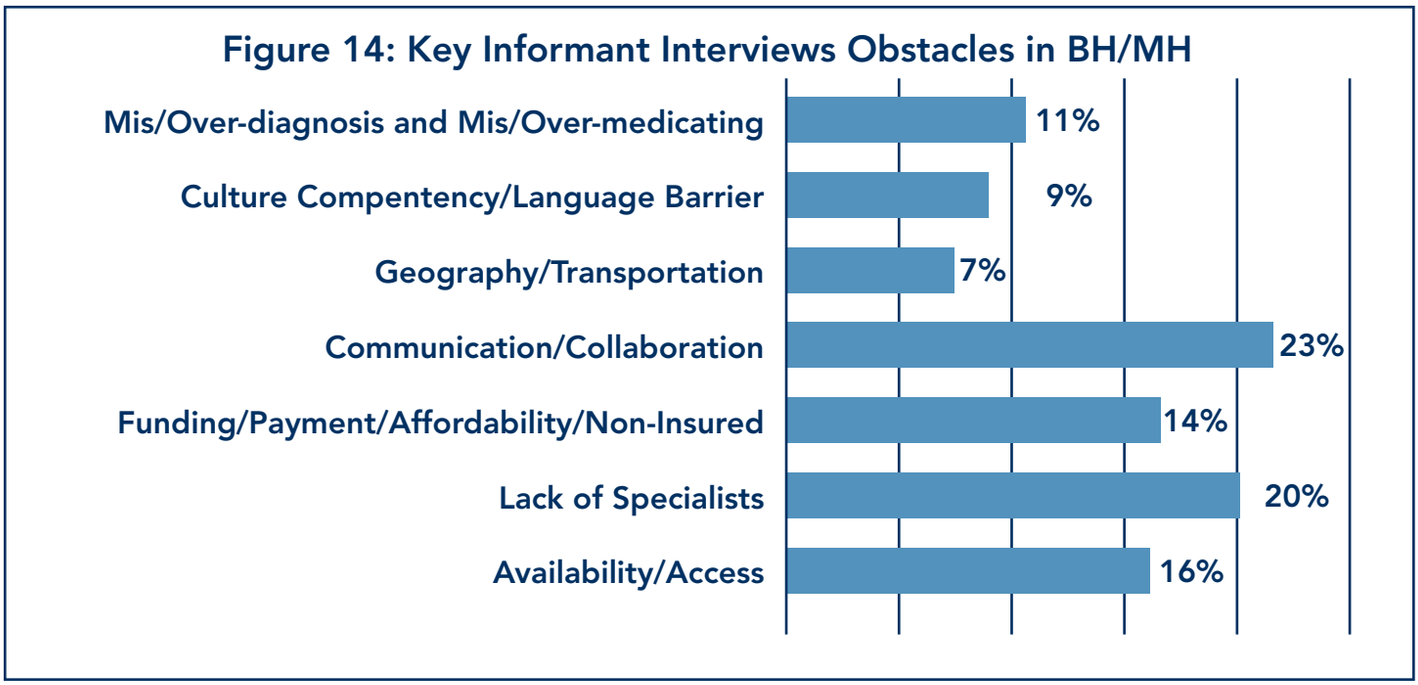
- This is often because of issues with insurance and affordability. Lancaster County has services, but our population is increasing and the funding amounts are declining. This may be a work force issue. There is a lack of psychiatrists nationally, and that trend is reflected here in Lancaster County.

- Professionals, but not parents, discussed a lack of funding contributing to this problem.

- Parents were most concerned about the cost of insurance.

Figure 13: Focus Groups Obstacles in BH/MH





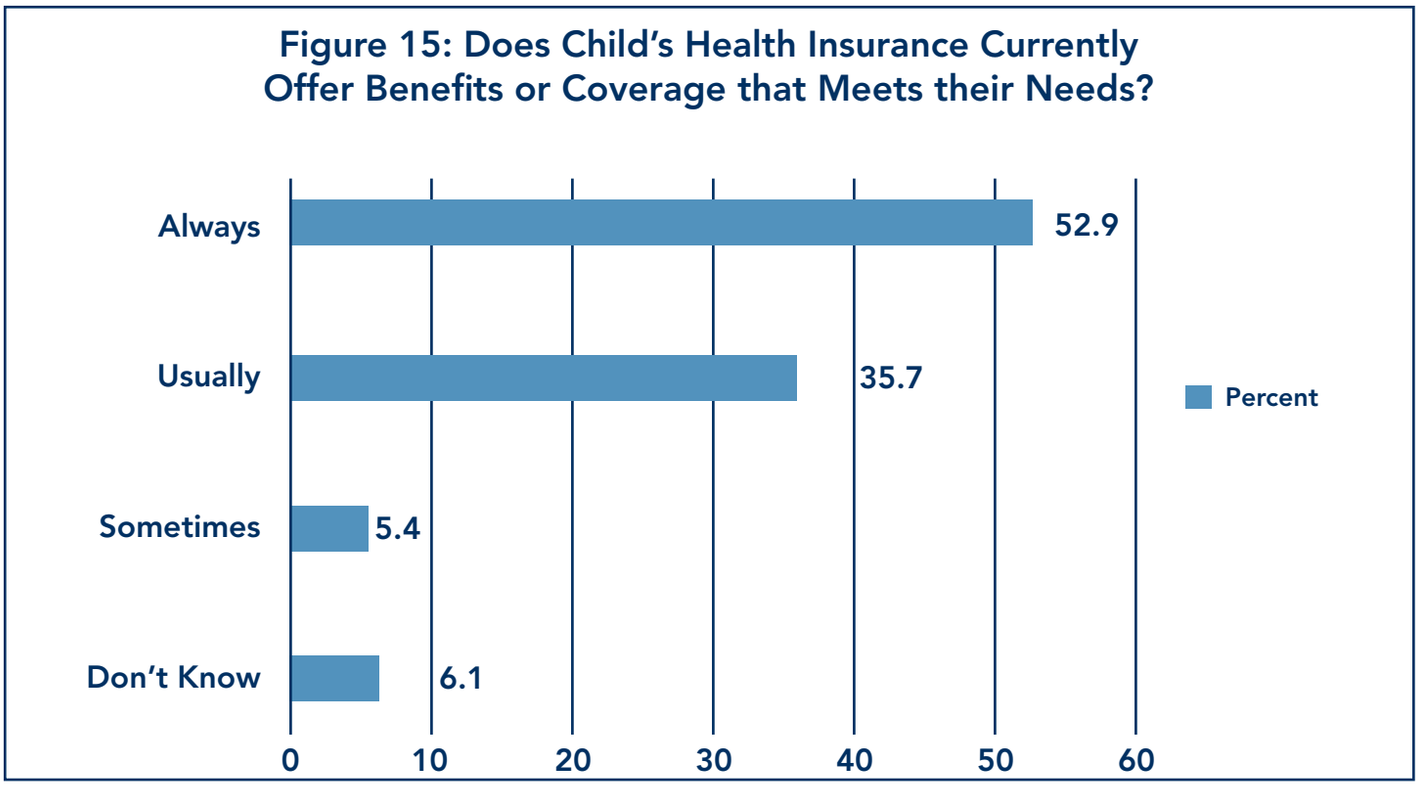
Telephone Survey

The criticism expressed most consistently by parents seeking mental health care and services for their children concerns the cost of insurance. Data from a wide variety of questions asked in a number of different contexts speak to this fact.

1. 10% of parents said their children do not have any kind of health care coverage.

2. Even for those children who are covered by a health insurance plan of some kind, significant percentages of their parents reported difficulty trying to maintain insurance coverage.

   a. For 14% of parents, insurance wouldn't cover a treatment or service;
   b. For another 14%, a specialist a parent wanted their child to see was not accepted by their insurance;
   c. 9% of parents had to drop coverage at times because premiums were too expensive.



3. Concerns about the affordability and funding of health insurance emerge strongly in the responses to the question, "If you could make one suggestion to improve the process you went through to make sure your child received the necessary health care services or treatments, what would it be?" In fact, the cost of insurance is the problem most frequently referenced by the respondents to our survey. The responses below summarize the wide variety of concerns related to the cost of health insurance voiced by our respondents.

   a. "Cheaper access."
   b. "More affordable plans."
   c. "Cheaper health insurance."
   d. "Inaccurate billing."
   e. "Health insurance rejects claims."
   f. "Changes in insurance price premiums."
   g. "Less expensive."
   h. "Lower cost rates."
   i. "Lower costs."
   j. "Lower premiums."
   k. "Making insurance payments easier to get."
   l. "More providers that take medical assistance."
   m. "Make obtaining insurance easier."
   n. "Poor children are neglected because of insurance coverage."
   o. "The insurance needs to be more affordable for people's jobs."
   p. "Paying for physical exams."
   q. "Would want to see health care available for everyone."

Secondary Data

From the Community Health Needs Assessment, Final Summary Report: Philhaven May 2013, "All attendees were in agreement that funds continue to decrease for Mental and Behavioral Health services, while the demand for services has escalated." African Americans rank highest as the most underserved group in Lancaster County followed by Asian, Latino/Hispanic, and White.

Theme 5: Lack of Specialists

There is a lack of specialty providers in and around Lancaster County such as child psychiatrists and child psychologists, and this contributes to longer wait times to receive services or caregivers needing to take the youth with a mental or behavioral health challenge out of the area for treatment.

Providers in Lancaster County are not fully staffed, the field is not getting new recruits and funding is contributing to this problem. We need more providers in mental and behavioral health- child psychiatrists and psychologists. Perhaps specialists are not coming to Lancaster County because they cannot receive competitive pay here. Doctors may be more willing to work with adults because children are more complex with parents, schools, and pediatricians. We also need more trauma informed care practitioners. In part, this is a work force issue as there is a lack of psychiatrists nationally.

Figure 16: Focus Groups Obstacles in BH/MH

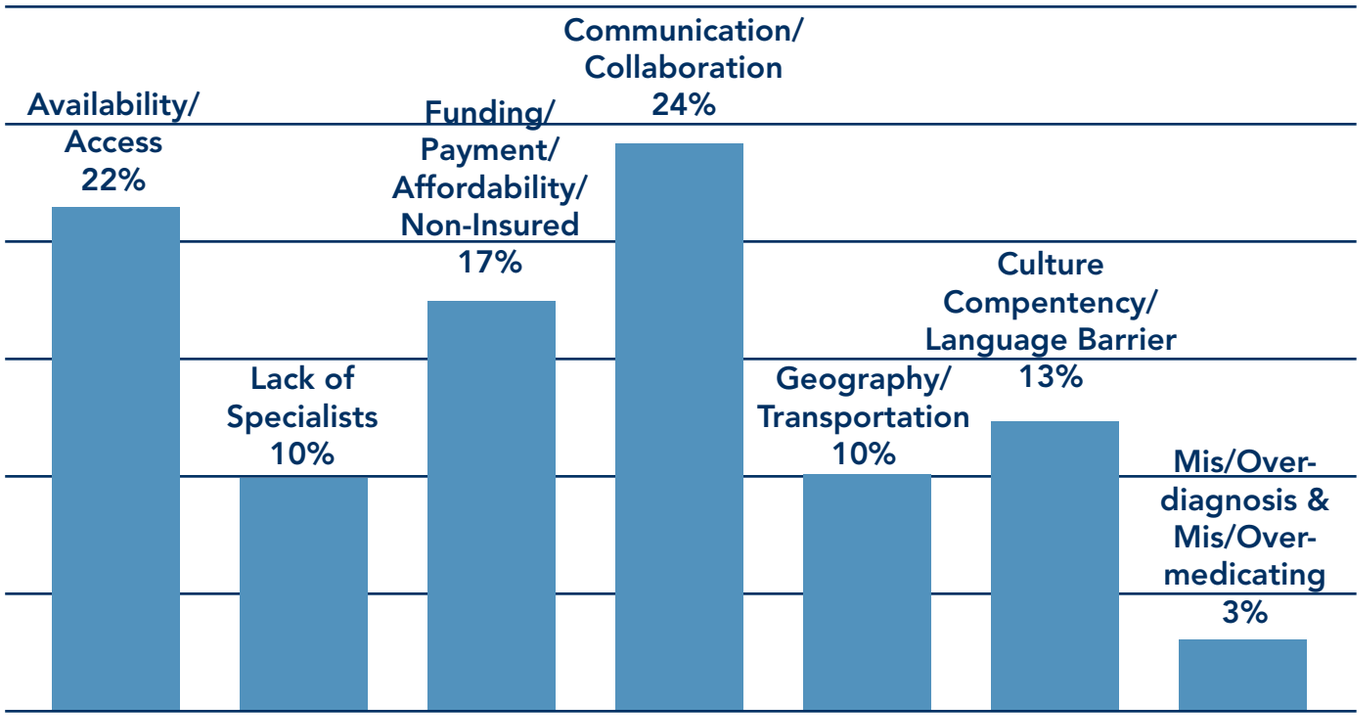
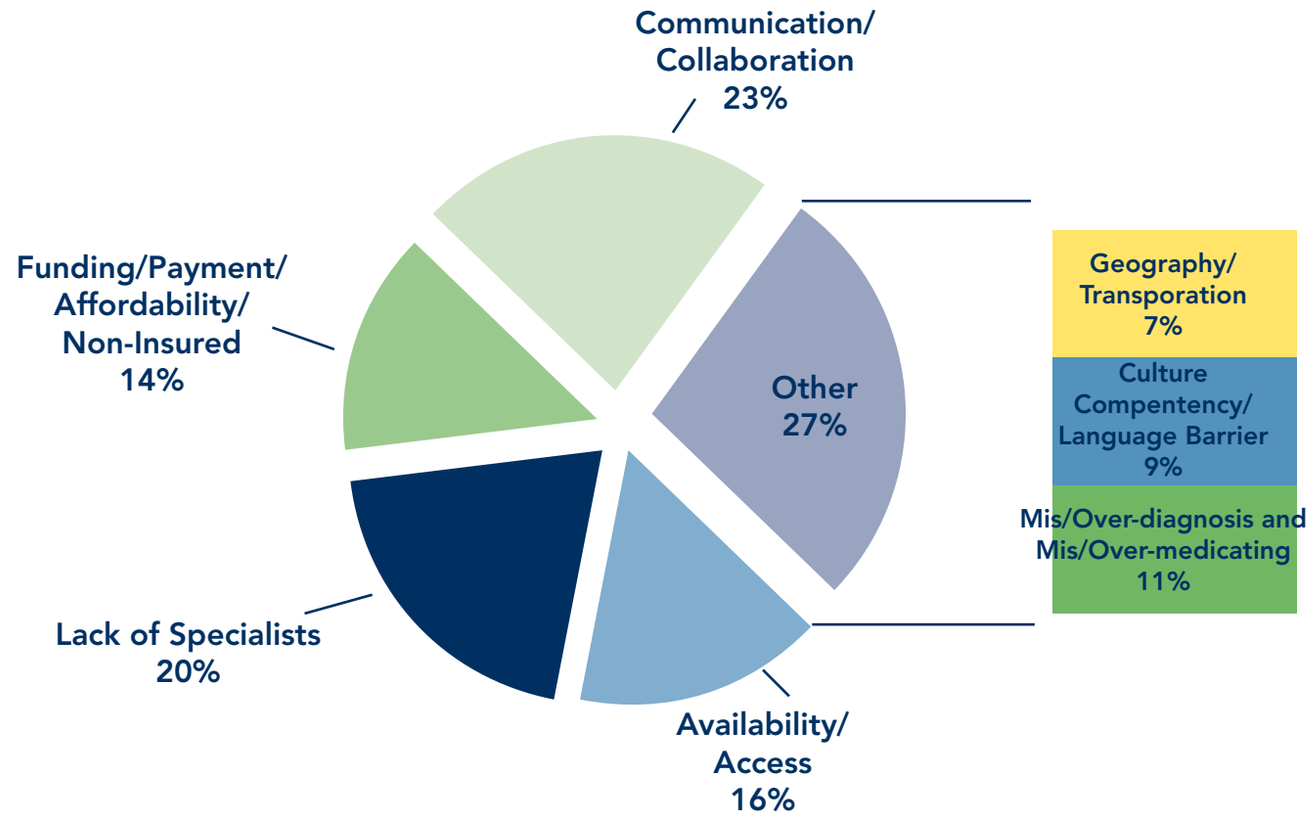


Figure 17: Key Informant Interviews: Obstacles in BH/MH



Telephone Survey

While none of the questions in the telephone survey directly addressed the role of specialists, our respondents did speak out of frustration about their inability to access the services and treatment they offer. For example, fourteen percent of our respondents said they were unable to see the specialist they wanted because it wasn't covered by insurance. Also, in response to the open-ended question, "If you could make one suggestion to improve the process you went through to make sure your child received the necessary health care services or treatments, what would it be?", a number of respondents have reported concerns about specialists. A few representative responses to this question are illustrative:

- "We need more mental health professionals in the area needed by my child."
- "Services for a 16 year old with bipolar need to be improved."
- "More providers that take medical assistance."

Secondary Data

From the Community Health Needs Assessment, Final Summary Report: Philhaven May 2013, there are too few Mental Health providers, particularly psychiatrists. In particular, "Psychiatrists who accept Medicaid were seen as too few in number." The outcome is that a lack of providers means longer wait periods for youth.

Recommendations

With the results of the "Lancaster County youth behavioral and mental health needs assessment" we have refined our grantmaking focus. Our mission remains the same, but through the investments LOHF makes, we **will advance mental wellness of children and youth in Lancaster County by facilitating access, education and coordination of resources.**

We envision that **all children and youth in Lancaster County experience mental wellbeing**. Funding priority will be given to programs that best address our core strategies to:

- Honor and celebrate the foundation's Osteopathic values and legacy, but work to advance the entire medical professional community
- Prioritize the investment of our time and funds to improve health outcomes for the most vulnerable populations, i.e. people who lack access to care due to their incomes, ability to navigate delivery systems, mobility, or proximity to care
- Focus on care coordination efforts within children's behavioral health care, where there is significant need
- Leverage financial resources through partnerships
- Work collaboratively to connect with others in the field
- Actively participate in advocating for improving the delivery of children's behavioral health services
- Include diverse stakeholders in the planning, design, and provision of services
- Evaluate and improve programs for continuous learning

To support this work, we will provide:

Research and advocacy to support initiatives
$200,000 - $500,000 total funds available in 2015
Grantmaking guidelines and processes

Our community is defined as

- Children and young adults (0-25) with mental/behavioral health issues and their parents/caregivers living in Lancaster County
- Stakeholders include teachers and providers such as Physicians, Nurses, Psychiatrists, Psychologists and Social Workers

The outcomes we will achieve through our grantmaking include

1. **Care Coordination** – Improve delivery of children's behavioral health services, resources
    - Increase access to mental/behavioral health services
    - Facilitate seamless transition of services for young adults
    - Coordinate resources to support families in navigating and accessing care
2. **Education** – Enhance the capacity of **parents, families, and caregivers** through training and support
    - Increase competency in addressing children's mental/behavioral needs
    - Increase understanding and confidence in parents using strength-based techniques

- Decrease need for care coordination

3. **Access** – Improve capacity of providers to support and treat children

   - Reduce wait times for behavioral healthcare
   - Increase number of children who have and utilize health insurance
   - Encourage well-child visits and preventative care
   - Expand number and frequency of behavioral/mental health screenings in primary care

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Autism Solutions
Barley Snyder Law Firm
Boys and Girls Club of Lancaster
Brethren Village Retirement Community
COBYS Family Services
College Avenue Family Medicine
Community Services Group
Compass Mark
Department of Public Welfare
A Private Family Practice
The High Foundation
Lancaster-Lebanon Intermediate Unit 13
Lancaster County Community Foundation
Lancaster County Behavioral Health & Development Services
A Lancaster County Public School
Lancaster General Hospital
Lancaster Regional Medical Center
Mental Health America of Lancaster County
Naeem's Dream
Pennsylvania Office of Mental Health
Parents
Pressley Ridge
Project Access Lancaster County (PALCO)
School District of Lancaster
Southeast Lancaster Health Services
Spanish American Civic Association
Special Kids Network
The Steinman Foundation
TW Ponessa & Associates
A Youth Advocacy Program

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i Healthy People 2020 from the Centers for Disease Control and Prevention http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicId=28

ii Healthy People 2020 from the Centers for Disease Control and Prevention http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicId=28

iii National Research Council and Institute of Medicine, Committee on the Prevention of Mental Disorders and Substance Abuse among Children, Youth, and Young Adults. Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities [Internet]. O'Connell ME, Boat T, Warner KE, editors. Washington: National Academies Press; 2009. 562 p. Available from: http://www.iom.edu/Reports/2009/Preventing-Mental-Emotional-and-Behavioral-Disorders-Among-Young-People-Progress-and-Possibilities.aspx. This book, which can be read online for free, provides the most current evidence on preventing mental, emotional, and behavioral disorders among young people.

Key Informant Interview Demographics		
Organization/Affiliation	**Gender**	**Occupation**
Lancaster County public school	3 Males	2 nurses
Family Doctor, private practice	11 Females	1 physician
Lancaster County Behavioral Health and Development Services		8 admin
IU13		1 psychologist
Autism Solutions		2 parent of child with BH/MH diagnosis
Project Access Lancaster County		
Special Kids Network		
Community Services Group		
Youth Advocacy Program		
Boys and Girls Club		
Lancaster General Hospital		
Project Access Lancaster County		
Department of Public Welfare		

Focus Group Demographics

Organization/Affiliation	Gender	Age	Racial/Ethnic Group	Marital Status	Education	Children	Children's ages	Home Zip Code	Work Zip Code
Barley Snyder/LOHF	Female	45 - 54	Caucasion, non-Hispanic	Married/Domestic Partner	Professional Degree	Yes	15	17543	17602
Brethren Village	Male	45 - 54	Caucasian/ non-Hispanic	Married/Domestic Partner	Master's Degree	No		17522	17606
COBYS Family Services	Female	45 - 54	Caucasion, non-Hispanic	Married/Domestic Partner	Master's Degree	Yes	20; 25	17557	17602
College Ave. Family Medicine	Male	55 - 64	Caucasian/ non-Hispanic	Married/Domestic Partner	Professional Degree	Yes	24; 27	17543	17603
Community Service Group	Female	45 - 54	Caucasion, non-Hispanic	Single, never married	Master's Degree	No		17102	17110
Community Service Group	Male	35 - 44	Caucasion, non-Hispanic	Married/Domestic Partner	Bachelor's Degree	Yes	13;10	17602	
Community Service Groups	Female	25 - 34	Caucasian, non-Hispanic	Married or domestic partnership	Master's Degree	No		17516	17602
Community Services Group	Female	55 - 64	Caucasian/ non-Hispanic	Divorced	Bachelor's Degree	Yes	32	17603	17602
Community Services Group	Male	35 - 44	Caucasian/ non-Hispanic	Married/Domestic Partner	Master's Degree	Yes	8; 6 months	17543	17602
Compass Mark	Female	55 - 64	Caucasion, non-Hispanic	Married/Domestic Partner	Bachelor's Degree	Yes	22; 26	17070	17601
Friend	Female	45 - 54	Caucasian, non-Hispanic	Divorced High School/Equivalent	No	17566		17566	
High	Female	45 - 54	Caucasion, non-Hispanic	Married/Domestic Partner	Bachelor's Degree	No		17601	17601
Lanc. Co. BH/DS	Female	45 - 54	Caucasion, non-Hispanic	Single, never married	Master's Degree	No		17603	17601
Lanc. Co. BH/DS - EI	Female	55 - 64	Caucasion, non-Hispanic	Married/Domestic Partner	Bachelor's Degree	Yes	28; 30	17601	17603
Lanc. Co. Community Foundation	Female	45 - 54	Caucasian, non-Hispanic	Divorced	Master's Degree	Yes	20, 24	17602	17603
Lancaster General Hospital	Female	35 - 44	Caucasion, non-Hispanic	Married/Domestic Partner	Master's Degree	Yes	7; 9	17543	17601
Lancaster Mental Health Society									
Lancaster Regional Medical	Female	25 - 34	Caucasion, non-Hispanic	Single, never married	Bachelor's Degree	No		17543	17603
LOHF	Female	55 - 64	Caucasian, non-Hispanic	Married or domestic partnership	Master's Degree	Yes	33, 29	17601	17601
LOHF	Female	65 - 74	Caucasian, non-Hispanic	Married or domestic partnership	Doctorate Degree	Yes	50, 38	17545	17601
Mental Health America of Lanc. Co.	Female	45 - 54	Caucasian, non-Hispanic	Married or domestic partnership	Bachelor's Degree	Yes	9, 11	17022	17601
Menthal Health America	Female	55 - 64	Caucasian/ non-Hispanic	Married/Domestic Partner	Master's Degree	Yes	27; 28	17543	17601
Naeems Dream	Female	45 - 54	Caucasian/ non-Hispanic	Married/Domestic Partner	Associate Degree	Yes	6; 8; 8; 16; 20	17601	17601
PA Office of Mental Health	Male	55 - 64	Caucasian/ non-Hispanic	Married/Domestic Partner	Doctorate Degree	Yes	32; 26	17036	17105
Parent	Female	45 - 54	Caucasian, non-Hispanic	Separated	Master's Degree	Yes	23; 20;	17; 14; 11	17050
Parent	Female	55 - 64	Caucasian, non-Hispanic	Separated Some college		Yes	35; 33; 24; 16	17543	17543
Parent	Female	45 - 54	Caucasian, non-Hispanic	Married/ Domestic Partner	Bachelor's Degree	Yes	15; 13	17584	17584
Parent	Female	35 - 44	Caucasian, non-Hispanic	Married/ Domestic Partner	Associate Degree	Yes	9	17563	
Pressley Ridge	Female								
Pressley Ridge	Male	35 - 44	Caucasian/ non-Hispanic	Married/Domestic Partner	Master's Degree	Yes	10; 6; 4	17601	17601
School District of Lancaster	Female	55 - 64	African American/Black	Single, never married	Doctorate Degree	Yes	36, 31, 19	17603	17602
School District of Lancaster									
School District of Lancaster									
SE Lancaster Health Services	Female	55 - 64	Caucasian, non-Hispanic		Doctorate Degree	No		17603	17603
SE Lancaster Health Services	Female	55 - 64	Caucasian, non-Hispanic	Married or domestic partnership	Master's Degree	Yes	25, 23, 19	17512	17604
Southeast Lancaster Health Services	Female	35 - 44	Caucasian/ non-Hispanic	Married/Domestic Partner	Bachelor's Degree	Yes	10; 13; 16	21911	17605
Spanish American Civic Assoc.									
The Steinman Foundation									
TW Ponessa & Associates	Female	35 - 44	Caucasion, non-Hispanic	Married/Domestic Partner	Doctorate Degree	No		17601	17603
Unknown	Female	55 - 64	Caucasion, non-Hispanic	Married/Domestic Partner	Master's Degree	Yes	25; 27	17584	17602
Unknown	Female	45 - 54	Caucasian, non-Hispanic	Single, never married	Master's Degree	No		17522	17601
Unknown	Female	35 - 44	Caucasian, non-Hispanic	Married or domestic partnership	Master's Degree	Yes	8, 11	17520	17601
Unknown	Female	35 - 44	Caucasian, non-Hispanic	Single, never married	Master's Degree	No		17603	17601
Unknown	Male	75 years or older	Caucasian, non-Hispanic	Married or domestic partnership	Master's Degree	Yes	49, 50	17603	17602
Unknown									
Unknown									

Appendix C: Telephone Survey Data

CALL RESULTS & FAMILY CHARACTERISTICS

Call Result	Count	Percent
complete	536	9.6%
refused	958	17.2%
terminated early	181	3.3%
business	207	3.7%
answering machine	1029	18.5%
language/deaf	21	0.4%
No kids 2-25	669	12.0%
Government office	2	0.0%
non-working	1050	18.9%
busy	70	1.3%
no answer	830	14.9%
admin use only	3	0.1%
Total	5556	100.0%

Q1. Are you the parent or legal guardian of a child or young adult between the ages of 2 and 25 years old?

yes	58.89%
no	41.11%

Q.2 For HOW MANY children living in your household are you the parent or legal guardian?

1 child	33.9%
2 children	37.2%
3 children	17.0%
4 children	6.3%
5 children	0.5%
6 children	3.4%
7 children	0.9%
9 children	0.3%
10 children	0.5%

Mean: 2.14

Q.3 Age of child (children):

Child	Mean Age
1st	14.45
2nd	13.03
3rd	10.42
4th	9.94
5th	11.83
6th	12.17
7th	11.67
8th	17.00
9th	16.00
10th	2.00

HEALTH CARE

Q.4 First, in general, how satisfied are with the overall health of your child?

very satisfied	75.7%
somewhat satisfied	19.9%
somewhat dissatisfied	3.8%
very dissatisfied	0.6%

Q.5 Does your child currently have any kind of health care coverage?

yes	90.8%
no*	8.4%
don't know	0.9%

*If no to Q.5:

Q.5a During the past 12 months, was there any time when your child WAS covered by any health insurance?

yes**	20.7%
no	79.3%

**If yes to Q.5a:

Q.5b When your child WAS covered by health insurance, did that health insurance offer benefits or cover services that met your child's needs? Would you say always, usually, sometimes, never?

always	50.0%
usually	50.0%

Q.6 Does your child's health insurance currently offer benefits or cover services that meet your child's needs?

always	52.9%
usually	35.7%
sometimes	5.4%
don't know	6.1%

Q.7 Which of the following challenges, if any, have you experienced in trying to maintain insurance for your child and making sure they continue to receive treatments and services? Please choose all that apply.

at times I had to drop health coverage because premiums were too expensive	7.8%
insurance wouldn't cover a treatment or service	13.6%
a specialist I wanted to see wasn't accepted by my insurance	14.2%
none/don't know/refused	64.5%

HEALTH CARE (Continued)

Q.8 When you need advice about your child's health, where do you get that advice from MOST OFTEN?

doctor's office	87.2%
school	0.6%
friend or relative	8.2%
other	1.7%
does not go to one place most often	1.5%
don't know	0.9%

Q9. How often have you used the internet or social media to get information about your child's health?

very often	14.0%
somewhat often	30.0%
not very often	33.8%
never	21.6%
don't know/refused	0.6%

Q.10 During the past 12 months, did your child see a doctor, nurse, or other health care professional for any kind of medical care—including sick care, well check-ups, physical exams, and hospitalizations?

yes	85.4%
no	10.8%
don't know	3.8%

SCHOOL CLIMATE & SAFETY

Q.11 During the last school year, in what kind of school was your child enrolled?

public or private	77.7%
preschool	0.6%
home-school	2.6%
not enrolled in any school	16.7%
don't know/refused	2.3%

Q.12 Based on what you know, during the past school year…

Q.12a How often was your child called mean names, teased in a hurtful way, or hit or kicked?

Several times a week	1.9%
About once a week	3.1%
2 or 3 times a week	2.3%
Once or twice a week	12.6%
Never	61.7%
Don't Know	17.2%
Refused	1.1%

Q.12b How often did other students tell lies or spread false rumors about your child?

About once a week	1.9%
Once or twice a week	7.7%
Never	60.5%
Don't Know	29.1%
Refused	0.8%

Q.12c How often did students use the internet or cell phone to threaten or embarrass your child by posting or sending hurtful messages?

2 or 3 times a week	1.5%
Once or twice a week	1.9%
Never	80.4%
Don't Know	15.4%
Refused	0.8%

PROTECTIVE & RISK FACTORS

Q.13 Please tell me how much you agree or disagree with the following statements:

Q.13a We watch out for each other's children in this neighborhood.

Definitely agree	66.7%
Somewhat agree	19.2%
Somewhat disagree	3.5%
Definitely disagree	6.5%
Don't know	4.1%

Q.13b There are people I can count on in this neighborhood.

Definitely agree	77.4%
Somewhat agree	11.3%
Somewhat disagree	1.2%
Definitely disagree	7.1%
Don't know	3.0%

Q.13c If my child were outside playing and got hurt or scared, there are adults nearby who I trust to help my child.

Definitely agree	76.0%
Somewhat agree	13.9%
Somewhat disagree	0.6%
Definitely disagree	7.1%
Don't know	2.4%

Q.14 In which of the following activities or organizations, if any, has your child participated? Please choose all that apply.

sports teams	57.6%
boy scouts or girl scouts	31.0%
4-H clubs	7.2%
religious services or other faith-based activities	53.4%
boys' and girls' clubs	3.6%
none/don't know/refused	15.8%

Q.15 Generally speaking, do you feel you are getting the support you need to cope with the everyday demands of parenting?

yes	83.8%
no	13.8%
don't know/refused	2.4%

MENTAL HEALTH CHALLENGES

Q.16 To the best of your knowledge have any of your children experienced any of the following:

Q. 16a What about hearing problems?

no	89.2%
yes	6.7%
don't know/refused	4.1%

Q.16b What about Vision problems that cannot be corrected with glasses or contact lenses?

no	83.6%
yes	10.8%
don't know/refused	5.6%

Q.16c What about Anxiety problems?

no	71.3%
yes	23.7%
don't know/refused	5.0%

Q.16d What about Depression?

no	78.7%
yes	15.8%
don't know/refused	5.6%

Q.16e What about ADD or ADHD?

no	79.2%
yes	14.4%
don't know/refused	6.5%

Q.16f What about Behavior or conduct problems, such as oppositional defiant disorder or conduct disorder?

no	85.9%
yes	8.2%
don't know/refused	5.9%

Q.16g What about Autism, Asperger's, or other autism spectrum disorder?

no	88.3%
yes	6.7%
refused	5.0%

Q.16h What about any developmental delay that affects your child's ability to learn?

no	85.92%
yes	9.09%
refused	5.0%

MENTAL HEALTH SERVICES

Q.17 During the past 12 months, did your child see a health care provider for treatment or services related to ANY of the health concerns I just mentioned?

yes	45.0%
no	55.0%

Q.18 Did your child need a referral to see any doctors or receive any services?

yes	22.2%
no	68.3%
don't know	9.5%

Q.19 Was getting a referral a big problem, a small problem, or not a problem at all?

a big problem	7.1%
a small problem	7.1%
no problem	85.7%

Q.20 Did anyone help you arrange or coordinate your child's care among the different doctors or services you used?

yes	34.9%
no	65.1%

Q.21 During the past 12 months, have you felt that you could have used more help arranging or coordinating your child's care among the different health care providers or services?

yes	37.1%
no	61.3%
don't know	1.6%

Q.22 Was getting transportation to and from the location of your child's appointment a big problem, a small problem, or not a problem?

a small problem	1.6%
no problem	98.4%

Q.23 During the past 12 months, how often did you get the specific information you needed from health care providers—information such as the causes of any health problems, how to care for your child, and what changes to expect in the future?

always	34.9%
usually	39.7%
sometimes	17.5%
never	3.2%
don't know	4.8%

MENTAL HEALTH SERVICES OPEN RESPONSE
(Compiled open-ended responses; where help would be sought for various mental conditions)

Hearing Problems:

Count	Grouped Responses
233	Doctor, Family Doctor, Pediatrician, Primary Care Physician, General Practitioner
12	Doctor for a Referral, Doctor then a Specialist
32	Ear/Nose/Throat Doctor, Specialist
3	Health Campus
6	Unknown, Unsure
3	Insurance
2	Medical Center
1	Hospital

Vision Problems:

Count	Grouped Responses
116	Doctor, Family Doctor, Pediatrician, Primary Care Physician, General Practitioner
6	Doctor for a Referral, Doctor then a Specialist
107	Eye Doctor, Optometrist or Ophthalmologist, Specialist, Eye Specialist
26	Optometrist
7	Ophthalmologist
5	Vision Center, New Holland Vision Center
11	Unknown, Unsure
3	Health Campus
5	Infrequent Responses: Insurance Network, Medical Center, Hospital

Anxiety:

Count	Grouped Responses
174	Doctor, Family Doctor, Pediatrician, Primary Care Physician, General Practitioner
11	Doctor for a Referral, Doctor then a Specialist
6	Mental Health Professional, Psychologist or Psychiatrist, Specialist
3	Psychologist
9	School, Guidance Counselor, School Counselor
7	Counselor
9	Church, Pastor, Family and Church
3	Health Campus
8	Unknown, Unsure
3	Infrequent Responses: DuPont in Delaware, Hospital, Medical Center

MENTAL HEALTH SERVICES OPEN RESPONSE (Continued)
(Compiled open-ended responses; where help would be sought for various mental conditions)

Depression:

Count	Grouped Responses
202	Doctor, Family Doctor, Pediatrician, Primary Care Physician, General Practitioner
24	Doctor for a Referral, Doctor then a Specialist
5	Mental Health Professional, Psychologist or Psychiatrist, Specialist
4	Psychologist
1	School, Guidance Counselor, School Counselor
7	Counselor, Family Counselor
3	Health Campus
8	Church, Family & Church, Bible, Jesus
2	Unknown, Unsure
6	Infrequent Responses: Friends, Hospital, Medical Center, Physiologist, Quest, Work Referral

ADD or ADHD:

Count	Grouped Responses
197	Doctor, Family Doctor, Pediatrician, Primary Care Physician, General Practitioner
13	Doctor for a Referral, Doctor then a Specialist
4	Specialist, Psychologist or Psychiatrist
2	Psychologist
16	School, Guidance Counselor, School Counselor
5	Counselor, Counseling Service
3	Health Campus
4	Philhaven
3	Therapist
12	Unknown, Unsure
5	Infrequent Responses: Hospital, Medical Center, MHMR, Neurologist, Self-Prescribe

MENTAL HEALTH SERVICES OPEN RESPONSE (Continued)
(Compiled open-ended responses; where help would be sought for various mental conditions)

Behavior or Conduct Problems:

Count	Grouped Responses
169	Doctor, Family Doctor, Pediatrician, Primary Care Physician, General Practitioner
16	Doctor for a Referral, Doctor then a Specialist
6	Mental Health Professional, Psychologist or Psychiatrist
9	Psychologist, Child Psychologist
17	School, Guidance Counselor, School Counselor
5	Psychiatrist, Doctor or Psychiatrist
11	Counselor, Family Counselor
3	Lancaster Co MHMR
3	Health Campus
9	Family, Parent, Parents and Doctor
4	Philhaven
4	Therapist
22	Unknown, Unsure
8	Infrequent Responses: Insurance Benefits Information Line, Church, Internet, Quest, Medical Center, Hospital, None, Phone Book

Autism Spectrum Disorders:

Count	Grouped Responses
200	Doctor, Family Doctor, Pediatrician, Primary Care Physician, General Practitioner
21	Doctor for a Referral, Doctor then a Specialist, Doctor then CAD
6	Mental Health Professional, Psychologist or Psychiatrist
4	Psychologist
5	Counseling, Counseling Service, Counselor
12	Specialist
18	School, School Counselor, Pediatrician or School Counselor, IU13
3	Health Campus
4	Autism Society
10	Not Sure, Unknown
4	Infrequent Responses: Therapist, Hospital, Insurance Company Provider Assistance, Medical Center

MENTAL HEALTH SERVICES OPEN RESPONSE (Continued)
(Compiled open-ended responses; where help would be sought for various mental conditions)

Developmental Delay:

Count	Grouped Responses
155	Doctor, Family Doctor, Pediatrician, Primary Care Physician, or General Practitioner
15	Doctor for a Referral, Doctor then a Specialist, or Doctor then CAD
52	School, Doctor and School, or School Counselor
4	Psychiatrist
2	Psychologist
12	Mental Health Professional, Psychologist or Psychiatrist
6	Specialist
3	Health Campus
2	Intermediate Unit
4	Tutor, or Special Tutor
4	Internet
15	Unknown or No Answer
5	Infrequent Responses: Therapist, Quest, Medical Center, Hospital, Church

Q.24 If you could make one suggestion to improve the process you went through to make sure your child received the necessary health care services or treatments, what would it be?

COUNT	COMPILED OPEN-ENDED RESPONSES
16	Better communication between clients and providers including: better listening by physicians, more detailed information about services and treatment options, better communication about drugs.
17	Better communication and coordination between service providers, between primary and specialists, between school and health providers.
7	Providers need to adopt a more customer service oriented attitude toward clients.
27	Insurance processes including communication, billing, claims/approvals, and appeals need improvement with the goal of easier access, easier use, and greater flexibility in treatment options.
44	Reduce costs of insurance and/or care.
27	Increase accessibility of healthcare: accept insurance plans provided by Medicaid, lengthen office hours, reduce the time between scheduling and appointment, reduce client paperwork.
17	Non-specific remarks about altering or repealing the ACA.
105	No comment, No response, No opinion

DEMOGRAPHICS

ZIP CODE	
17022	3.8%
17453	0.4%
17501	0.9%
17502	0.7%
17508	0.7%
17512	2.0%
17516	1.1%
17517	3.1%
17518	0.4%
17519	1.3%
17520	1.1%
17522	4.7%
17527	0.9%
17532	1.8%

ZIP CODE	
17536	1.3%
17538	0.7%
17540	2.0%
17543	12.0%
17545	5.8%
17547	1.8%
17551	2.7%
17552	5.6%
17554	1.1%
17555	1.1%
17557	2.9%
17560	1.3%
17562	0.4%
17563	0.9%

ZIP CODE	
17566	1.6%
17568	0.4%
17569	2.9%
17572	0.7%
17581	0.7%
17582	0.7%
17584	0.4%
17601	15.1%
17602	3.6%
17603	9.6%
17673	0.9%
17751	0.4%
17752	0.4%

Hispanic Or Latino	
yes	3.9%
no	95.6%
refused	0.4%

SEX	
male	37.4%
female	62.6%

Race (choose all that apply)	
White	90.4%
Black/African-American	4.6%
American Indian	0.9%
Native Hawaiian	0.4%
other	6.1%
refused	1.3%

EDUCATION	
less than high school degree	6.7%
high school graduate	25.3%
some college, but not degree	13.4%
associate's degree	13.9%
bachelor's degree	25.5%
advanced degree (e.g., master's, law, medical)	14.3%
refused	0.9%

INCOME	
$0 - $20,000	2.8%
$20,001k - $40,000	12.5%
$40,001 - $60,000	20.4%
$60,001 - $80,000	17.9%
$80,001 - $100,000	9.2%
$100,001 +	25.2%
don't know/refused	12.0%

LOHF

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