# 2019/20 BUCKS COUNTY

# CHILD & ADOLESCENT SERVICE GAP ANALYSIS SURVEY PROJECT

## Community Report

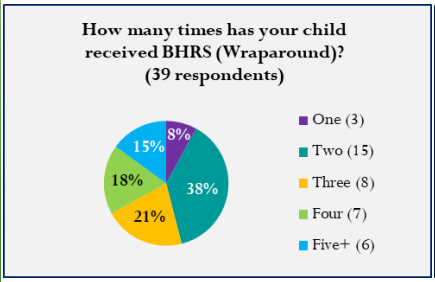
**The purpose of this project is to inform a Magellan Behavioral Health project which is analyzing potential gaps in the current children's service array and to better understand, from the parent/guardian perspective, why some children and adolescents repeatedly transition between Family Based Services (FBS) and Behavioral Health Rehabilitation Services (BHRS) levels of care.**

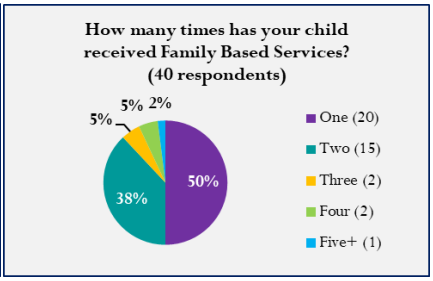
In 2019 the Consumer/Family Satisfaction Team (C/FST) developed the Child & Adolescent Service Gap Analysis survey in collaboration with the Bucks County Departments of Behavioral Health (BC-BH) and of Mental Health/Developmental Programs, and Magellan PA HealthChoices. The target population was families with children/ youth**,** ages 0-21, who transitioned repeatedly between BHRS and FBS. These families experienced three treatment episodes within 2 years, between July 1, 2016 to June 30, 2018.

Magellan Behavioral Health provided Voice and Vision, Inc. with 90 names of parents/guardians whose child met the criteria of the target population. Twelve of these names were duplicates and five included inaccurate contact information. Out of 73 remaining contacts, Field Staff Specialists interviewed a total of 41 by phone; this was a 56% response rate. *Twenty-seven males (66%) and 14 females (34%) were represented in the study. These ranged in age from 3 to 19 years.*

This brief summary of the data is provided to assist Bucks County agencies, Magellan Behavioral Health, and service providers in continuing their quality improvement initiatives. We thank all who made this project possible, especially the parents/guardians who took time to share their experiences with us. A detailed report is available by request.

## Demographics




## RECOMMENDATIONS

**Providers**

➢***Conduct*** *an Interagency Team Meeting (ITM) prior to discharge at which both services are represented to facilitate transition. Encourage staff to attend the County's Meaningful Meetings training to support effective planning and teaming.*

➢***Identify*** *effective strategies to engage both parents in treatment process especially when there is divorce or separation.*

➢***Build*** *respite services, both formal and informal, for families as part of treatment.*

➢***Encourage*** *referrals to, and collaboration with, support programs, such as Bucks County LIFE and Child and Family Focus' HiFi Family Teams.*

➢***Connect*** *families of children who have an Intellectual Disability/Autism diagnosis to the MH/ DP Intake Department to initiate the enrollment process for ID/A services.*

➢***Educate*** *BHRS and Family Based clinical staff about resources in Bucks County to address Social Determinants of Health (SDoH) needs. SDoH are conditions in the places where people live, learn, work, and age that can affect their health risks and outcomes. Examples include access to food, housing, personal safety, economic stability, community connection, and more.*

**Systems**

➢***Improve*** *coordination between services when transitioning to new level of care. Utilize overlap of services whenever possible to assist with information sharing, e.g. treatment plan progress and effective strategies. This will help to create a more connected, seamless treatment experience while lessening the episodic experience of families "starting over" in separate levels of care.*

➢***Explore****, through the ITM planning process, the possibility of TSS/BHT/RBT services as an adjunct to Family Based Services for youth needing more individualized behavioral support in community-based settings.*

**Supports**

➢***Connect*** *families to natural and community supports in order to minimize cycling between BHRS and Family Based Services.*

➢***Encourage*** *families to bring extended family and/or other community supports into occasional sessions to educate them on needs of the child/ family and how they can help. Include in the discharge planning process.*

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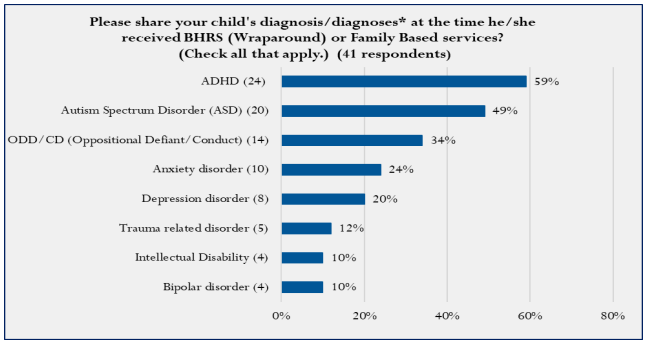
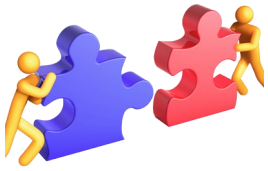
## Demographics continued...



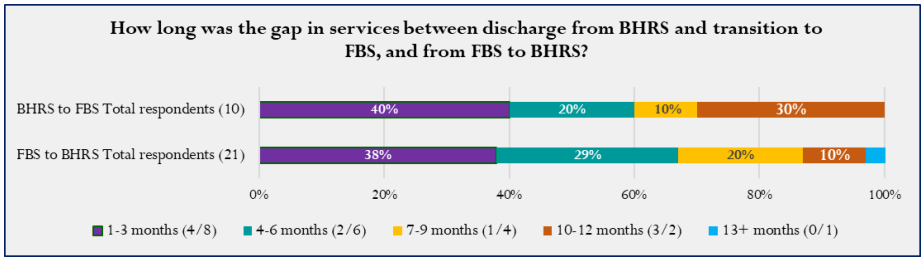

**Nineteen parents reported 3 or more diagnoses for their child.** Other responses of 5% or less: "Prefer not to share" (2); "Other" (2); "Physical health" (2); "Schizophrenia/psychosis disorder" (1); "Disruptive mood dysregulation" (1); "I don't know" (1); "Social phobia" (0); "OCD" (0)



## Objective 1: *What mental health treatment service gaps in BHRS and/or Family Based did families encounter that caused transitioning to the next level of care?*

When asked about **why their child transitioned from BHRS to FBS**, the top responses from 41 parents included: BHRS team and/or other professional recommendation (24/59%), the family needed an increased level of support (20/49%), or the child's symptoms increased (16/39%).

For those **transitioning from FBS to BHRS**, the reasons included FBS team and/or professional recommended it (33/83%), the time limit on Family Based had been met (11/28%), or the child's needs were better served by the BHRS model of service (8/20%).

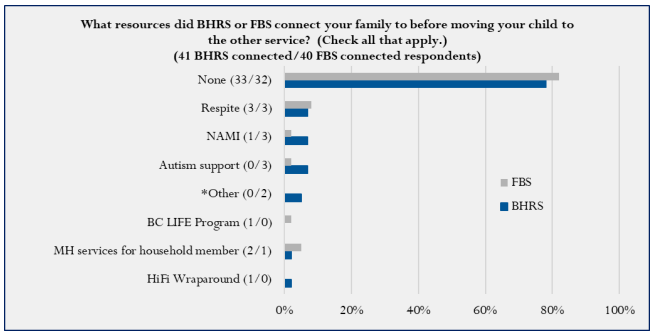



Ten families (24%) indicated that there was a **gap in services** for their child that lasted **one month or longer** during the transition period between BHRS to Family Based; twenty-one families (51%) experienced a gap in services that lasted longer than one month when transitioning from Family Based to BHRS.

Ten parents (25%) reported there wasn't anything they needed as part of their BHRS that they didn't receive. The other 29 respondents indicated the following needs related to staffing: continuity/consistency of staff (8/21%); reliable/respectful staff (8/21%); available staff (6/15%); and effective services/child improvement (5/13%).

Seven parents (17%) said they didn't need anything more as part of their child's FBS. The other 34 respondents shared the following top needs: longer FBS (9/22%); continuity/consistency of staff (8/20%); services provided at school or camp (6/15%); and BHRS specific services (ABA, Behavioral Specialist, TSS) (5/12%).

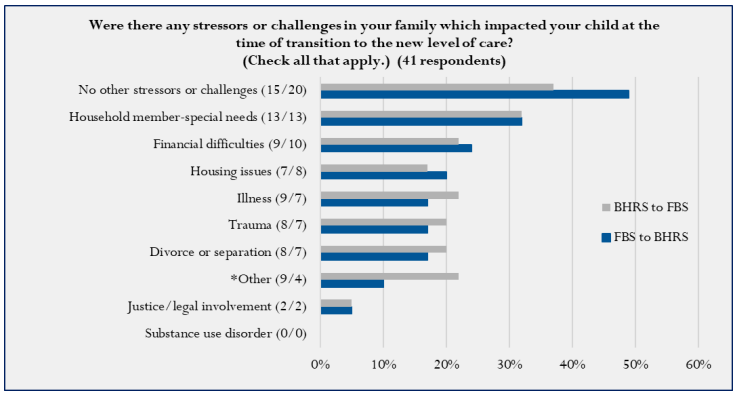
Twenty-one parents whose child transitioned from FBS to BHRS reported stressors or challenges including: Other special needs family member (32%); financial hardship (24%); housing issues (20%); divorce, trauma, or illness (17% each). Fourteen of these parents indicated **Family Based Services offered help in the following top ways:** therapy (5/36%); learning skills (4/29%); medication changes (3/21%); and Team recommendations for new services (3/21%).




### Considerations

**Thirty-two families (78%) reported no connections to resources prior to transition from BHRS to FBS; thirty-three families (82%) indicated they were not connected to resources prior to transition from FBS to BHRS.** BHRS and FBS each recommended respite to 3 families. NAMI was recommended by BHRS to 1 family, and by FBS to 3 families. Though often identified as a need by clinical teams, mental health referrals for another household member were lacking from both services (2 FBS/1 BHRS). The *other resources offered by BHRS were: adoption support and resource pamphlets. No one said that either service connected them to the following: TIP; peer support; natural supports; developmental programs; or a personal care attendant/home health aide (for IDD).

## Objective 1 continued...




**Twenty-six parents (63%) shared various challenges** in the family which impacted their child's transition from BHRS to FBS:

- Other household member with special needs/personal challenges (13/32%)
- Illness in the family (9/22%)
- Financial difficulties (9/22%)
- Trauma (8/20%)
- Divorce or separation (8/20%)

Challenges were similar for the 21 parents (51%) who indicated their family experienced stressors that influenced their child's transition from FBS to BHRS.

## Objective 2: *What did families need (besides MH services) to support them during their child's treatment that was not available to them?*

***Families need more help connecting to community and "natural" supports. Many of the practical needs they experience (issues with housing, finances, transportation, food, etc.) can be provided through informal or community supports.***

### *Strengths*

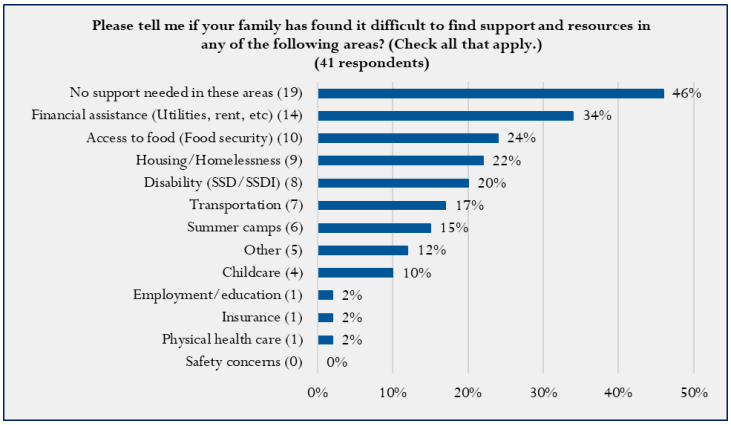
Most parents reported getting support from at least one "natural" or community support. **Most support came from extended family (85%)** or friends (71%). Over half (56%) reported receiving support from the child's school.

When asked how their community or "natural" supports were involved in their child's treatment plan, 26 parents (63%) shared that family and friends support them through talking and other means, 14 (34%) indicated their child's school communicates with the family, and 14 (34%) said schools and camps offer effective activities and programs for their child.

### *Considerations*

Very few parents reported getting support from the following:

- Parents of children with similar needs (9/22%)
- Support groups (5/12%)
- Social skills groups (1/2%)
- Advocacy groups (Bucks County LIFE, etc.) (1/2%)




Although nineteen parents (46%) indicated they didn't need support finding help with a variety of needs and resources, 22 parents (54%) said they found it difficult to find support and resources in the following top areas of need:

- Financial needs (14/34%)
- Access to food (10/24%)
- Housing assistance (9/22%)
- SSI/SSDI (8/20%)
- Transportation (7/17%)

**Twenty-two parents shared various difficulties** they encountered in seeking help to address the above needs. Ten parents (45%) had difficulty connecting to help for financial needs that included employment assistance and help with paying bills. Difficulty connecting to SSI/SSDI or losing disability benefits was mentioned by six parents (27%) as was difficulty connecting to government housing or finding affordable housing and transportation issues.

When asked what **other additional support** would help their child and/or family, twenty-one parents said nothing more was needed. The **following top needs were expressed by twenty parents:**

- Respite care for siblings with special needs (5/25%)
- Financial assistance for child's supplies/activities (4/20%)
- Overall support, information, and resources (4/20%)
- Longer services; consistent services/staff (3/15%)
- Help with transportation (2/10%)

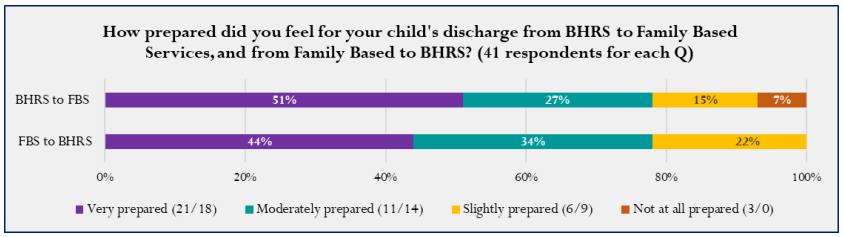
## **Objective 3:** *What do parents and children need from BHRS and/or Family Based to be successfully prepared for transition out of services (i.e. discharge planning)?*

### *Strengths*

Twenty-six parents (63%) indicated they were included in discharge planning from BHRS to FBS; twenty-nine (71%) said they were included in discharge planning from Family Based to BHRS.

**Of those families who had not experienced the "other service,"** 21 out of 29 (72%) said they were made aware of Family Based Services prior to discharge from BHRS. Eight of ten (80%) were made aware of BHRS prior to discharge from Family Based. (Twelve parents indicated prior experience with FBS; 31 with BHRS.)

Thirty-two parents (78%) felt either "very prepared" (51%) or "moderately prepared" (27%) for discharge from BHRS to FBS; 32 parents (78%) felt "very prepared" (44%) or "moderately prepared" (34%) for discharge from Family Based.




### *Considerations*

**Whether discharging from BHRS or Family Based, twenty-two parents (54%) needed nothing further for discharge planning.** The following top **needs were indicated by thirteen families regarding discharge from BHRS**:

- Fully staffed, effective BHRS services (4/31%)
- Participation from the other parent (3/23%)
- More choices, not just told what to do (3/23%)

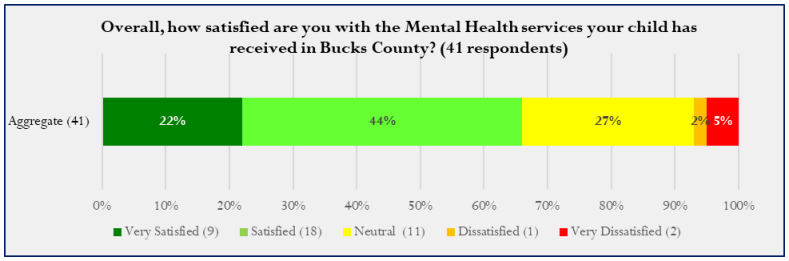
Of the **nineteen parents who shared they had a need concerning discharge from Family Based Services**, the following were some of the top responses:

- Extended time with Family Based (7/37%)
- Actual discharge planning/better communication/staff prepared for meeting (4/21%)
- More choices after discharge, shorter waitlists, and more involvement of parent in treatment (Two people (11%) for each)

## State Questions and Overall Experience with Services

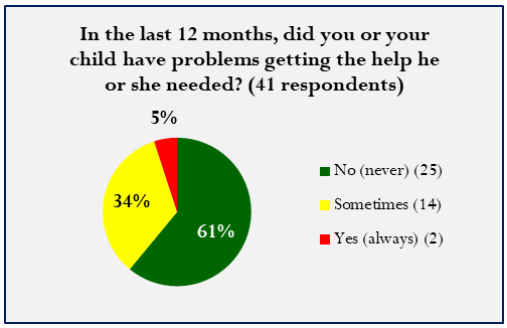
### *Strengths*

Twenty-four parents (66%) reported being "very satisfied" (22%) or "satisfied" (44%) with mental health services their child received in Bucks County.




**Thirty-six parents (88%) indicated they were "always" given the chance to make treatment decisions.**

Thirty-one (78%) parents reported their child's quality of life was "much better" (22%) or "a little better" (54%) as a result of treatment their child had received. Twenty-one (68%) indicated their child's **symptoms were reduced,** 17 (55%) said the child **learned new skills,** and 12 (39%) reported the child was **doing better in school**.




### *Considerations*

Sixteen parents (39%) indicated that they "sometimes" (34%) or "always" (5%) had problems getting help in the previous 12 months. Of these sixteen parents, eleven **didn't know where to go,** ten indicated there were **waitlists for services**, and nine noted that **staff turnover** was a problem. When asked it there was anything else they want to share about BHRS, FBS, or their experience transitioning between on service to the other, 29 parents expressed again themes from previous questions. Seventeen parents (59%) wanted consistency in staffing, and ten (34%) said that transitions occur due to diagnosis change, increase in symptoms , or need for services at school or in the community. Services in the home (when outpatient therapy is not successful) were desired by six parents (21%), and four (14%) wanted an increase in service length, primarily regarding Family Based Services.

Final 01/09/2020