

2019/20 BUCKS COUNTY RESILIENCY SURVEY Community Report

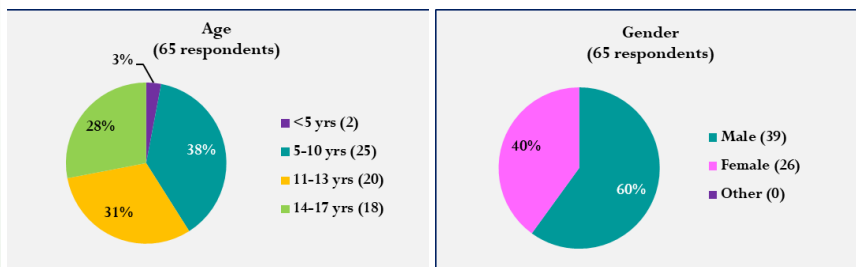
In March through May 2020, during the COVID-19 stay-at-home order, Voice & Vision, Inc. interviewed by phone the parents or guardians of 65 randomly selected child and adolescent HealthChoices members who had received at least one behavioral health (BH) treatment in the previous year.

This study and follow-up recommendations were developed in collaboration with the Bucks County Department of Behavioral Health & Developmental Programs, Magellan Behavioral Health of PA, and the Bucks County Drug & Alcohol Commission, Inc.

The purpose of this project is to explore experiences regarding the key issues (Access, Service Delivery/Treatment, Resiliency, Outcomes and Satisfaction) from a broad spectrum of parents/guardians of members under age 18 receiving publicly funded behavioral health services and to track the progress toward change over time as a result of Bucks County Behavioral Health initiatives.

This brief summary of the data is provided to assist Bucks County agencies and Magellan Behavioral Health of PA in incorporating resiliency principles more fully into all aspects of behavioral health treatment services for children and youth. We thank all who made this project possible, especially the parents/guardians who took time to share their experiences with us.

Demographics:



RECOMMENDATIONS

Outcomes and Satisfaction

- **Share** with providers the high level of satisfaction with services and positive outcome of child's improved quality of life.
- **Continue** to improve training for provider staff regarding available and appropriate resources for families of children/youth.

Access

- **Explore** possible interventions to assist families when experiencing difficulties getting help for their child, including not knowing where to go, ineffective services, waitlists for services, and staff turnover.

Services Delivery/Treatment

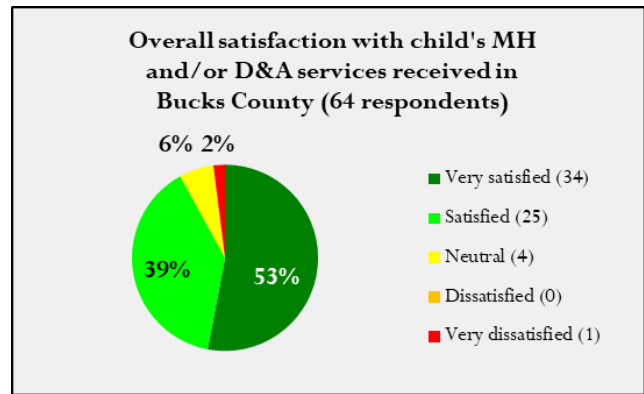
- **Provide** staff and parents with clear explanation of PA laws governing the age of consent to mental health treatment to ensure the rights of both parents/guardians and youth aged 14 years or older are upheld. Assist youth to include parents in mental health treatment decisions while maintaining confidentiality.
- **Promote** behavioral health and physical health providers speaking to one another to coordinate treatment.
- **Encourage** providers to speak to children/youth and their parents about substance use and provide preventative psychoeducation about its risks, effects, and treatment.

Resiliency

- **Encourage** provider staff to engage, educate, and provide resources to friends, extended family, and other natural supports of parents and their child.

Outcomes and Satisfaction

Overall satisfaction with child or adolescent MH and/or D&A services received in Bucks County was reported by more than 90% of parents or guardians.



Parents (89%) reported the quality of their child's life improved with treatment.

When asked about **what was better in their child's life**, more than 50% of parents indicated the following:

- ❖ Symptoms reduced
- ❖ Better able to manage daily life
- ❖ Doing better in school/job
- ❖ Learning new skills

Parents who indicated their child's quality of life was worse shared that it was difficult to navigate the Mental Health system, it was hard to get someone to listen to them, and that they had encountered unprofessional behavior in some staff. One parent advised providers to "never leave a family without giving them information or resources."

Access

Seventeen parents who reported they or their child "sometimes" or "always" had trouble getting help, indicated they experienced the top following difficulties:

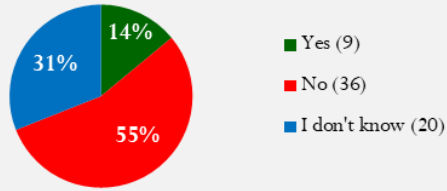
- ❖ Didn't know where to go for help (35%)
- ❖ Ineffective services (29%)
- ❖ Waitlists for services (24%)
- ❖ Staff turnover (24%)
- ❖ Insurance issues (12%)

Of 65 parents/guardians interviewed, 74% reported they or their child never had a problem getting the help the child needed.

"Not knowing where to go, I didn't get things like SSI for her...So, she wasn't able to pursue things she enjoys because we didn't have the funds. I am a single parent on disability myself."

Service Delivery and Treatment

Child's behavioral healthcare providers and physical healthcare providers spoke together about child's healthcare? (65 respondents)



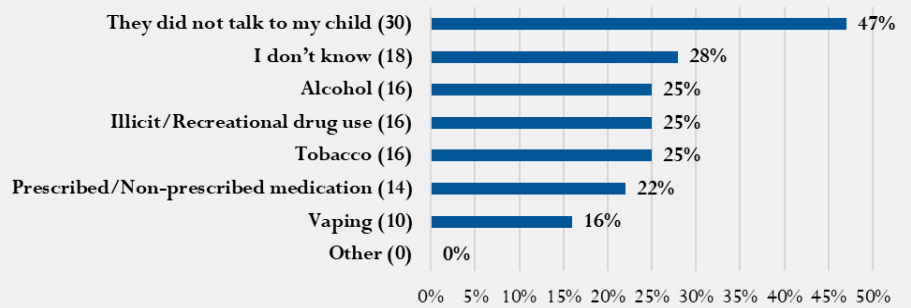
Seven out of nine parents who indicated their child's behavioral healthcare and physical healthcare provider had spoken together (78%) found it "very helpful" for them to do so.

"His doctor recommended therapy. When the therapist and doctor exchange information they send it to the school as well. Everyone is on the same page." ~ Parent

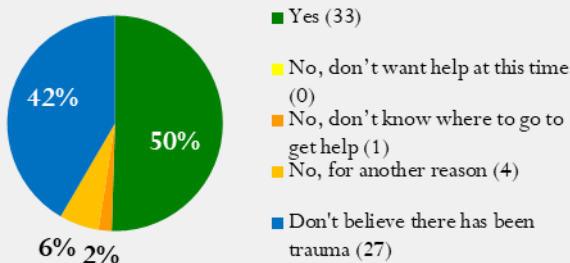
Twenty-two parents indicated they had no concerns regarding their child's school; **43 others (66%) who had a concern with their child's school indicated they were receiving help to address their concerns.** Of 26 parents who indicated their child's behavioral healthcare provider (s) and school had spoken together about their child's healthcare, 25 (96%) said it was at least "somewhat helpful."

We wanted to learn whether providers were talking with children and youth about substance use and whether providers were helping families with their child's substance use concerns. Parents (98%) indicated they had no concerns about the effects of substance use in their child's life.

Has your child's provider talked with you or your child about any of the following regarding substance use? (Check all that apply) (64 respondents)



Are you receiving help to address concerns about the effects of trauma in your child's life? (65 respondents)



Forty-nine parents (76%) indicated their child's provider had asked about trauma that may have affected their child.

94% of parents/children were always given the chance to make treatment decisions.

Resiliency

Parents indicated the top following strategies they or their child use during stressful times to prevent relapse, crisis situations, or hospitalizations:

- ❖ Spirituality/prayer (44%)
- ❖ Check in with therapist (36%)
- ❖ Relaxation techniques (33%)
- ❖ Alone time (30%)
- ❖ Reading books (23%)
- ❖ Support groups (23%)

Parents were asked who else besides the professionals they or their child turn to for support. Parents indicated they or their child connected to the following top supports:

- ❖ Immediate family (86%)
- ❖ Friends (64%)
- ❖ Child’s school (59%)
- ❖ Extended family (53%)
- ❖ Faith communities (25%)
- ❖ Support groups (17%)

Parents were also asked in what ways providers helped them or their child improve their relationships with those supports by offering them various resources. **Fifty-eight percent of parents reported no help was offered by providers.** Parents shared the top 4 ways providers did help:

- ❖ Support groups (29%)
- ❖ Informative materials (26%)
- ❖ Events/conferences (10%)
- ❖ Inclusion in therapy (10%)

Connecting to Services

Parents were asked how they first became aware of services for their child, how they first got connected, and who helped them with that first connection.

Became Aware of Services

- ◆ Self (21%)
- ◆ Primary doctor (16%)
- ◆ Family/friend (14%)
- ◆ School (14%)
- ◆ Other child had services (14%)

First Connection to Services

- ◆ Self (40%)
- ◆ Family/friend (14%)
- ◆ Primary doctor (12%)
- ◆ School (12%)
- ◆ Other child had services (10%)

Who Helped Connect Them

- ◆ Self (39%)
- ◆ School (14%)
- ◆ Primary doctor (12%)
- ◆ Family/friend (10%)
- ◆ Insurance (8%)

