2020/21 Bucks County Children's Care Coordination/ Social Determinants of Health Survey Project

Community Report

The Bucks County Consumer/Family Satisfaction Team (C/FST) met with the Bucks County Department of Behavioral Health & Developmental Programs (BC-BH/DP) and Magellan Behavioral Health (MBH) in the fall/spring of 2020/21 to plan a survey project related to Children's Care Coordination and Social Determinants of Health.

The <u>purpose</u> of the Children's Care Coordination/ Social Determinants of Health project is to identify strategies: 1) to educate Mental Healthcare providers, families, and Primary Care providers on the benefits of care coordination, and 2) to best address Social Determinants of Health impacting youth and families.

Our objective was to learn…

…how care coordination is experienced by providers, TAY, and families

…how care coordination is viewed by providers, TAY, and families

…how to educate providers, TAY, and families on benefits of care coordination

…which SDoH impact Bucks County youth and families

…and how to best address their identified SDoH concerns

Who did we survey?

60 **Parents/ Guardians of children ages 0-17**

10 **Transition Age Youth (TAY) ages 18-20**

5 **Parents of TAY who communicate non-verbally**

35 **Mental Health provider staff (SurveyMonkey)**

Primary Care providers, noted by respondents during the interviews for their effective care coordination practices, were sent a brief paper survey with a letter of commendation inviting them to participate in the project. *Two out of 16 PCP we reached out to responded.*

Note: In the report, "Parents/TAY" refers to Parents of a child, Parents of TAY who communicate non-verbally, and TAY respondents.

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Care Coordination between MH Providers and PCPs

❖ **Experience of Care Coordination: Majority of *Children/TAY are connected to a PCP. Communication between MH providers and PCP is experienced by a minority of parents, while a majority of MH providers communicate at least sometimes with Primary Care Providers.***

91%
reported seeing a PCP in the past 12 months

31%
Parents/TAY indicated MH provider/PCP communication occurs

71%
MH providers reported communicating with PCPs at least sometimes

TOP 3 needs prompting communication by MH staff with PCP:

- Medication
- Paperwork/physicals
- Learning about child/family

❖ **How Care Coordination is viewed: *Parents/TAY and provider staff generally view care coordination positively.***

80%
Parents/TAY rated MH provider/PCP **communication** as "very important/important."

69%
Parents/TAY said **releases were signed** for MH/PCP communication

80%
MH providers said that clients/parents "rarely" or "never" declined to sign a release

- Of the nine parents/TAY who did not sign a release, five said it was because no one asked them to sign a release.

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❖ **Educating providers/families on benefits of Care Coordination:** ***Few parents/TAY said the benefits of MH/PCP communication are explained to them.***

TOP 3 benefits of MH Provider/PCP communication shared by parents, TAY, and MH provider staff:

- More comprehensive treatment
- Physical health impact on mental health
- Keeping everyone "on the same page"

25%

Parents and TAY indicated that the **benefits of MH/PCP communication had been explained** to them; most often by MH providers and/or PCP.

Social Determinants of Health Challenges and Solutions

❖ **Which SDoH were most experienced?** ***The frequency of SDoH challenges reported differed among TAY, parents, and provider staff.***

25%

Of all Parents and/or TAY indicated experiencing **3 or more SDoH challenges***

**(Parents 22%, TAY 30%, and TAY parents 60%)*

Following are **the top three SDoH challenges** reported by…

Parents & TAY Parents	**TAY**	**Provider Staff**
• Accessing MH treatment	• Employment needs	• Connecting to social supports
• Childcare needs	• Household conflict	• Accessing MH treatment
• Insufficient income	• Connecting socially	• Household conflict

71%

Parents/TAY with SDoH challenges indicated some/all were due to the COVID pandemic.

11%

Eight parents/TAY reported various healthcare insurance issues.

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❖ **How to best address SDoH concerns:** ***Respondents indicated a need for more help when facing SDoH challenges.***

35%	28%
Of all **Parents/TAY*** shared a variety of community, mental health, and governmental sources through which they received help or resources. **(18 Parents, 4 TAY, 4 TAY parents)*	of those experiencing SDoH difficulties **(11 parents/TAY)** expressed **dissatisfaction with the support/assistance** they received to address SDoH needs/concerns. *(Eight of these parents/TAY also indicated they had difficulty getting the help they or their child needed.)*

Provider staff indicated that **waitlists for resources/underfunded resources** and **lack of client follow-through** were the **most frequent barriers** they experienced when connecting clients/families to resources for SDoH needs. **Lack of transportation** and **mental health issues** were **additional barriers** they reported for their clients.

Overall treatment and support

100% TAY parents

90% TAY

70% Parent of child

Indicated life was better for child/TAY because of the treatment received.

92%

Parents/TAY were always given the chance to make treatment decisions.

➢ Twenty-five parents/TAY "sometimes" (18%) or "always" (16%) had difficulty getting the help they needed. Eleven of these same parents/TAY indicated "limited or no availability of MH services" was the top difficulty they experienced.

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RECOMMENDATIONS

Care Coordination:

- Create a one-page educational tool for MH providers, PCPs, and families to inform them of the reasons for and benefits of effective care coordination. Parents, TAY, MH providers, and PCPs agreed the following point to the importance of MH providers and PCPs communicating together to coordinate care for children and TAY:
  - Mental Health and Physical Health impact each other
  - Care Coordination improves provider awareness of child/TAY MH and Physical health history
  - Medication management and other concerns more easily identified with good care coordination
  - Working together allows for more comprehensive or multiple views
  - Communication between MH providers and PCPs gets everyone on the same page
  - Care coordination provides the most resources/help – makes things easier for families
- Develop clear priorities and educate MH providers regarding situations where coordination is most important.
- Discuss with clients/parents the benefits of communication between MH and PH providers at beginning of treatment and when reviewing treatment plans.
- Continue to explore barriers to care coordination from both MH and PH perspectives and seek strategies to overcome the barriers.
- Ensure that MH provider staff are consistently making efforts to coordinate care with PCPs and other PH providers, especially when medications are prescribed.
- Ensure people know how to address issues with medication and/or care, including using the complaint and grievance process, without fear that services will be negatively impacted. Add wording to Magellan Complaint and Grievance flyer to let people know they can contact a peer before filing a complaint/grievance.

Parent-specific Care Coordination suggestions:

- Listen to parent and involve in treatment.
- Provide clarity concerning what is covered by insurance companies for mental health.
- Develop flexible methods to enable routine communication, considering the needs of both PCPs and MH provider staff. Parent specific suggestions include a shared database/network, the provision of summary notes following each visit and/or compensation for time spent communicating with other providers.

Social Determinants of Health:

- Develop strategies to assist people experiencing waitlists.
- Train provider staff to support clients' to follow through with SDoH resource referrals.
- Ensure mental health and physical health professionals are aware of community resources that help with concrete needs.
- Assist schools to help families address SDoH needs impacting the child's ability to learn.
- Ensure that SDoH needs are assessed (and addressed) at intake and regular intervals.

Parent-specific SDoH suggestions:

- Learn about situations that lead to interruption of medication access and develop strategies to avoid these interruptions.
- Educate parents about, and assist in connecting to, State, County, and community resources available to young adults with ID and/or Autism.

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