

2018/19 Bucks County Children's Site-Based Crisis Survey Community Report

In 2018/19 Voice & Vision, Inc. interviewed 140 randomly selected parents/guardians whose child had experienced at least one visit to a Crisis Center in Bucks County.

Lenape Valley Foundation and Penn Foundation provided names and contact information for 1,014 children who had received services May 2018 through March 2019. A random sample of 450 individuals was used and 140 parents/guardians completed the survey. This study and follow-up recommendations were developed in collaboration with the Bucks County Departments of Mental Health/Developmental Programs and Behavioral Health, Magellan Behavioral Health, and the Bucks County Drug and Alcohol Commission.

The purpose of this project was to gather feedback regarding the experience of parents/guardians whose child received services at one of three Crisis Centers in Bucks County to measure effectiveness of those services in three key areas: providing timely service to resolve the crisis situation, engaging youth and their families in basic crisis planning, and connecting child/youth and their family to supportive resources in the community to improve their ability to manage future crisis situations.

This community report is provided to assist Bucks County agencies, Magellan Behavioral Health, and service providers continue 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.

"Systems" Recommendations

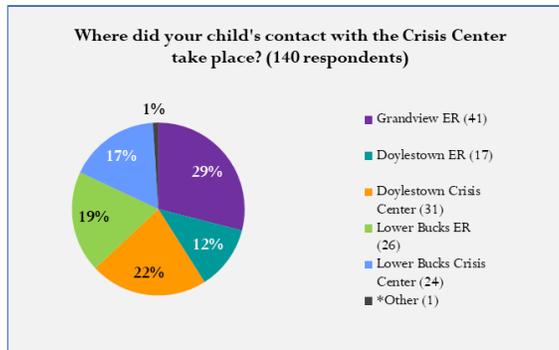
- **Investigate** and amend certain hospital policies that create added challenges for families whose children are in Crisis or which interfere with children and parents feeling comfortable and safe during the child's Crisis experience.
- **Explore** reasons for Crisis contacts lasting more than five hours, and address any issues found.
- **Consider** ways to make transition beds available for those children who require stays at the Crisis center or ED one day or longer in length.
- **Inform** parents and professionals of consent for mental health treatment as it pertains to adolescents 14 years and older.
- **Ensure** providers utilize all strategies possible to engage and involve families; i.e., providing resources, education regarding MH or D&A diagnoses in general, connecting to informal supports, etc. even if youth refuses to involve parents in therapy.

RECOMMENDATIONS

- **Offer** parents support and connection to community resources, especially when encountering known service access issues due to wait lists, staff turnover, or other availability issues.
- **Explore** options for follow-up to assist parents in connecting their child to recommendations.
- **Ensure** Crisis staff are aware of informal supports available to children/families. Provide literature about available supports; encourage Crisis staff to explain them to families.
- **Continue** development and use of Crisis/Safety plans for children receiving services. Consider how Crisis staff are incorporating Crisis/Safety plans in interactions with children.
- **Explore** and address concerns related to the Crisis center or emergency room environment reported to lead to increased anxiety in children.
- **Ensure** Crisis staff are provided with training to understand the needs of younger children who present with a MH crisis.
- **Create** methods to help families differentiate between hospital staff and crisis staff while at the Crisis center or ED.
- **Explore** creative options to help parents better understand how to help their child, including diagnosis brochures, support group information, and MH-related stories or videos.
- **Consider** experiences of parents who expressed dissatisfaction with the Crisis center; discover the reasons and resolve difficult circumstances.
- **Encourage** Crisis staff to better communicate to families hospital policies affecting their Crisis experiences and offer families literature that explains the Crisis process and "players."

Demographics

Interviewed were the parents or guardians of 72 male and 68 female children/youth ranging in age from 5-17 years who had received Crisis services at least one time in the past year. Of 140 children, 18 (13%) were age 5-10, 43 (31%) age 11-13, and 79 (56%) age 14-17. There were no children under age 5. When asked about the number of times their child had used a Crisis center in the last three months, 116 (84%) of parents responded “zero,” indicating most children/youth are not repeating visits to the Crisis center.



Out of 48 parents whose child went to Lenape Central Bucks Crisis, 17 (35%) reported their child went through the ER for Crisis services. Of the 50 parents whose child used the Lenape Lower Bucks Crisis, 26 (52%) reported accessing Crisis services through the ER.

When parents/guardians were asked, “Was your child’s contact with the Crisis center voluntary?” fifty-three (38%) responded “yes,” 54 (39%) said “yes, but others influenced the decision,” and 33 parents/guardians (24%) said their child did not want contact with the Crisis Center.

When asked about the primary purpose for contact with the Crisis Center, 119 parents/guardians (85%) said the visit was due to a mental health crisis, 17 (12%) stated the child’s school required a clearance, and 4 parents (3%) responded “other.” The “other” responses included “autistic meltdown,” “ER required it,” “physical health,” and “...police brought child to crisis.”

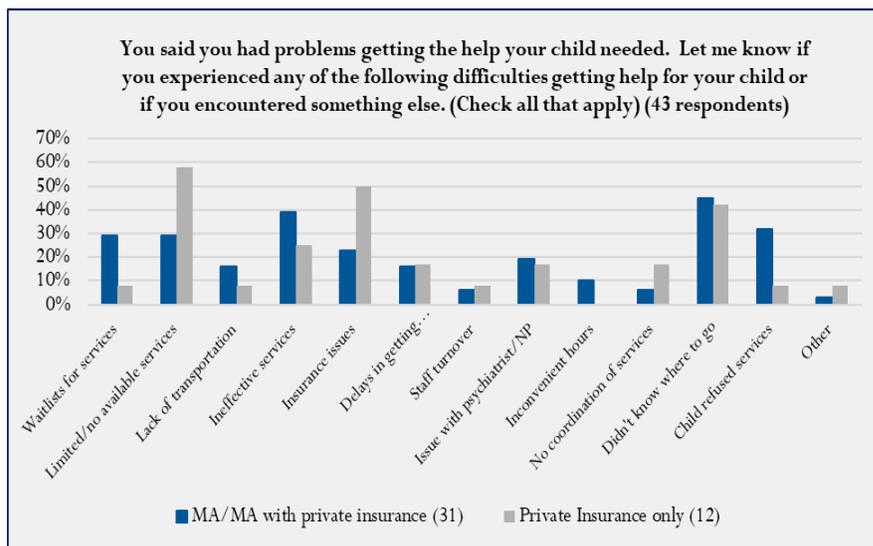
Access *(Connecting to supportive resources in the community)*

Strengths: Parents (92%) reported receiving a wide variety of recommendations as a follow-up to their child’s contact with Crisis. Parents (82%) said they were able to connect to all the recommended resources; another 10% were able to connect to some of the recommended resources.

Considerations: Parents (31%) reported “sometimes” (29%) or “always” (2%) having problems getting help for their child. Percentage was very similar for those with MA/MA+private insurance and private insurance only (32% and 28% respectively).

For those with MA, over 25% of those reported the following: 1) they didn’t know where to go for help, 2) services were ineffective, 3) child refused services, 4) waitlists for services, and 5) services needed were limited/not available.

For those with private insurance only, 25% or more of those who had problems reported: 1) services needed were limited/not available 2) issues with insurance 3) didn’t know where to go for help, and 4) services were ineffective.



Access cont.

Considerations (cont.): Parents reported Crisis staff recommended few informal supports such as NAMI (0%) or support groups (1%).

Service Delivery/Treatment

(Providing timely services to resolve crisis situations, engaging youth/families in basic crisis planning)

Strengths: When asked if they were given the chance to make treatment decisions,

88% of parents whose child had MA or MA+private insurance said “yes, always,” 11% said “sometimes,” and 1% said “no, never.” Top issues preventing more involvement were not feeling “listened to” and child’s age (14+).

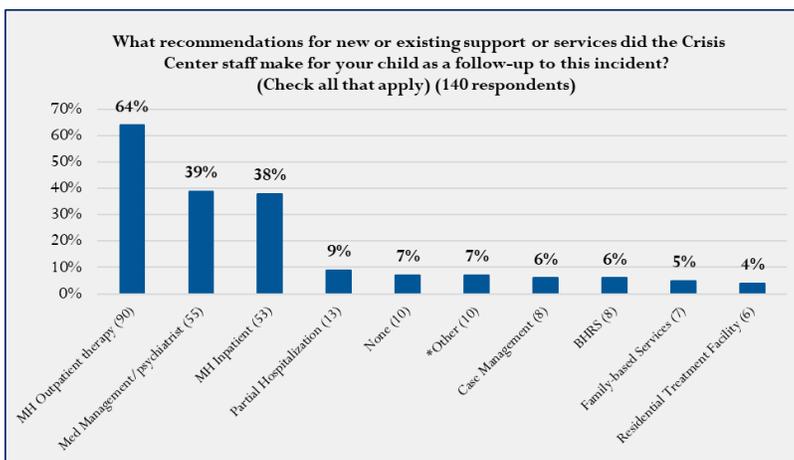
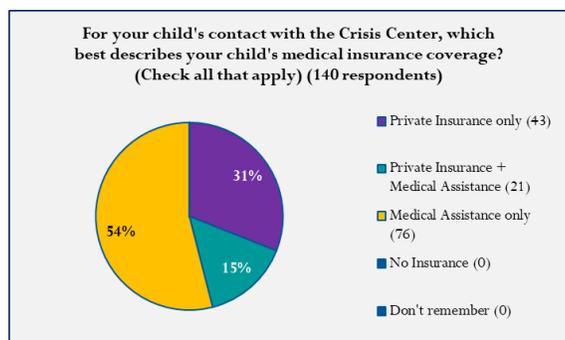


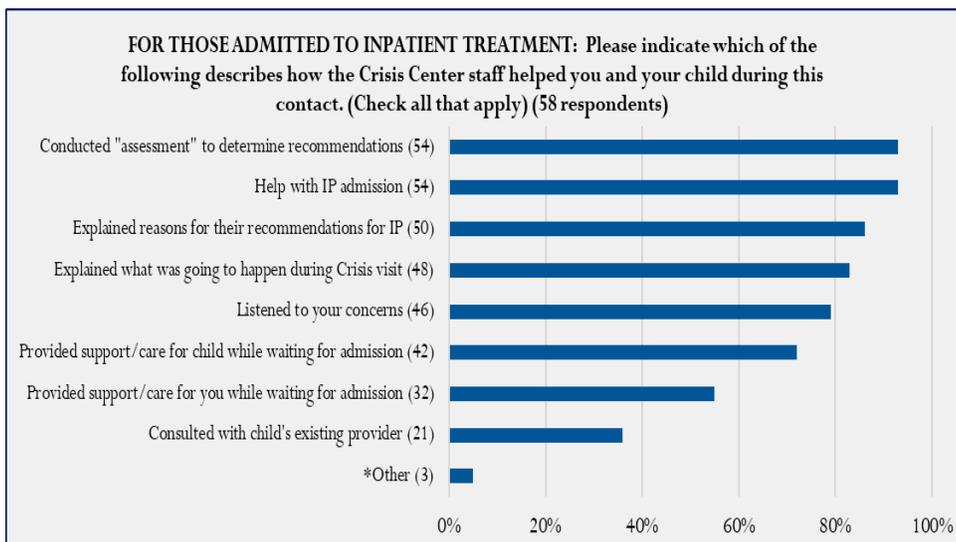
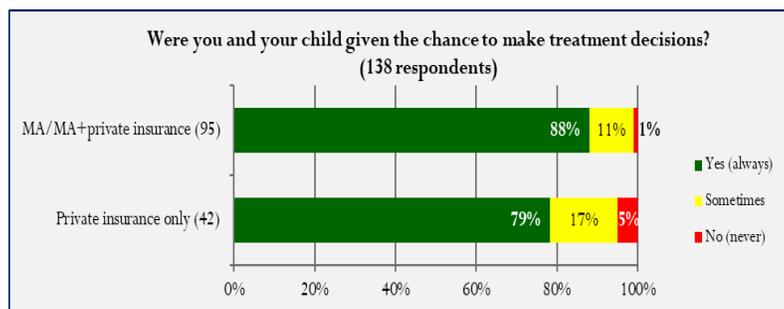
Figure 1 "Other"(4% or less response rate): D&A Therapy (0), Support groups (2), NAMI (0), peer support (2), D&A inpatient (1), "didn't need recommendations"(1)



the Crisis Center staff were in keeping their child safe, 119 parents (86%) rated their helpfulness as “5” (most helpful) or “4” on a 5-point scale.

Fifty-eight parents reported their child was admitted to Inpatient treatment following Crisis Center contact, with over **80% indicating Crisis Center staff was helpful** (see chart 26). Of the **seventy-eight parents whose child was not admitted to Inpatient** following the Crisis contact, more than 80% indicated the following top ways Crisis Center staff helped: 1) conducted an assessment, 2) listened to their concerns, and 3) explained what was going to happen during the Crisis visit.

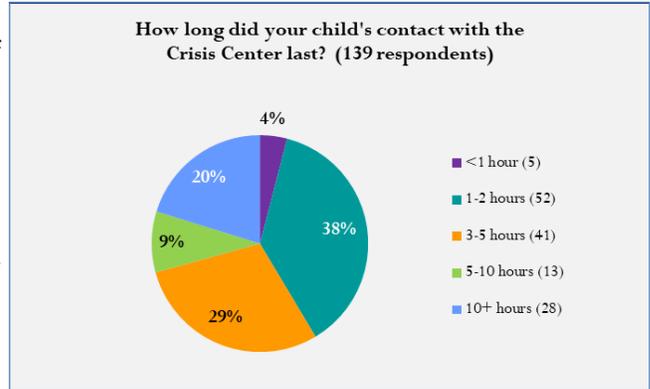
Parents were mostly positive about their interactions with Crisis staff (80%+ responded positively to questions about their experience with Crisis staff). When asked how helpful



Service Delivery and Treatment cont.

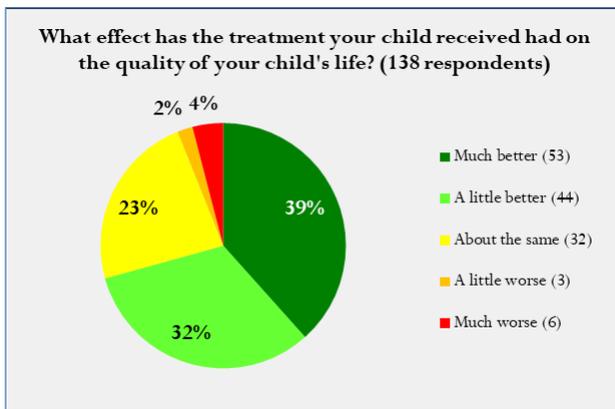
Considerations: Length of time at the Crisis Center was **five or more hours for 41 (29%) children**. Thirty one of these children (75%) were waiting for a bed at a mental health inpatient facility (anywhere from 1-7 days)

Of the 101 parents who indicated their child was receiving services at the time of their contact with the Crisis Center, **35 (35%) said their child had a Crisis/safety plan**. Sixteen of these parents (46%) said Crisis staff helped them use this plan when they first contacted them. Eleven parents (8%) rated Crisis Center staff at “1” (least helpful) or “2” on a 5-point scale for keeping their child safe.



Outcomes (Quality of life improvement)

Strengths: When asked if their child got all the help they needed from the contact with the Crisis Center, 54% said “all the help needed” and 19% said “most of the help needed.”



Ninety-seven (70%) reported their child’s life was “much better” (38%) or “a little better” (32%) as a result of treatment the child received. Over 40% shared positive outcomes which included 1) symptoms are reduced, 2) child has a more positive outlook, 3) child is better able to manage daily life, and 4) child is doing better in school/job.

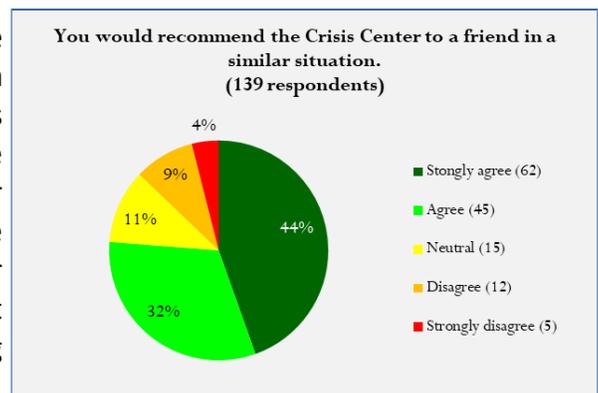
Considerations: Of the nine parents who indicated their child’s life was “worse,” five indicated their child was no longer at home (either missing/runaway, in detention, in RTF). When asked if the Crisis Center staff helped them

understand how best to help their child, 53 parents (38%) indicated “no.”

Satisfaction (Overall satisfaction)

Strengths: Parents (78%) indicated they would recommend the Crisis Center to a friend in a similar situation.

Considerations: Seventeen parents (13%) disagreed with the statement “you would recommend the Crisis Center to a friend...” Although most parents were satisfied with Crisis services, some parents experienced disrespectful staff. Some felt that Crisis staff needed more training and preparation for handling young children in crisis. Some parents would have appreciated receiving food/drink, blankets and other comforts while in the Crisis center, and noted more contact with staff and more explanation about what was happening with their child could have been helpful.



Updated 08/23/2019