

2018/19 BUCKS COUNTY TAY RECOVERY SURVEY Community Report

In 2018/19 Voice & Vision, Inc. interviewed 65 TAY (Transition Age Youth ages 18-25) for the 2018/19 TAY Recovery Survey project.

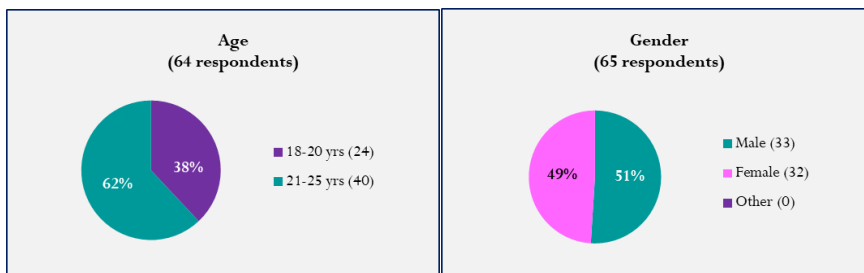
A total of 52 TAY from a random list having received Mental Health (MH) services were called to participate in the survey. In addition, Voice and Vision C/FST field staff specialists interviewed 13 TAY at local Drug & Alcohol (D&A) Treatment providers throughout Bucks County. Differences in results between the MH and D&A responses are noted where appropriate; however, this is not a comparison of results as the needs and treatment options in these two groups are very different.

The purpose of this project is to explore experiences with behavioral health services regarding the key issues of Access, Service Delivery, Treatment, Recovery/Resiliency, Outcomes, and Satisfaction, from a broad spectrum of TAY (18-25 years old) members 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 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.

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 young people who took time to share their experiences with us. A detailed report is available by request.

Demographics:



RECOMMENDATIONS

- **Commend** professionals who are asking TAY about the effects of trauma in their lives and ensure TAY with trauma concerns are provided appropriate trauma treatment tailored to their needs.
- **Share** with professionals how successful behavioral health treatment is positively affecting TAY by helping them to better manage their daily lives, embrace a more positive outlook, and reduce their symptoms.
- **Continue** to address issues leading to staff turnover and incorporate methods to smooth transitions to new staff.
- **Identify** causes of delays in getting appointments and limited availability of services, provide flexible appointment scheduling, and connect TAY experiencing difficulties to support and resources.
- **Promote** behavioral healthcare & physical healthcare providers speaking together to ensure treatment alignment for TAY with mental health and physical health problems.
- **Educate** family members on the behavioral health diagnosis of their loved one as well as available treatment and community support options.
- **Enhance** the relationship skills of TAY and their families to foster and promote an informed and supportive team approach to TAY recovery.
- **Value** the positive effect working, education, and/or volunteering can have on the behavioral health recovery of TAY. Focus attention on the issues that are preventing them from finding and maintaining work or volunteer positions in the community as well as addressing barriers to furthering their education.
- **Encourage** TAY who want to work, volunteer or go to school by providing more job coaching and modifying treatment schedules to accommodate work/volunteer/school schedules.
- **Focus** on giving resources to TAY for gaining necessary life skills, particularly in the areas of money management, driving and transportation, and physical health management to support them in meeting their personal goals.
- **Encourage** professionals to continue to equip TAY with the skills necessary to become more involved in their communities; address the barriers that prevent them.

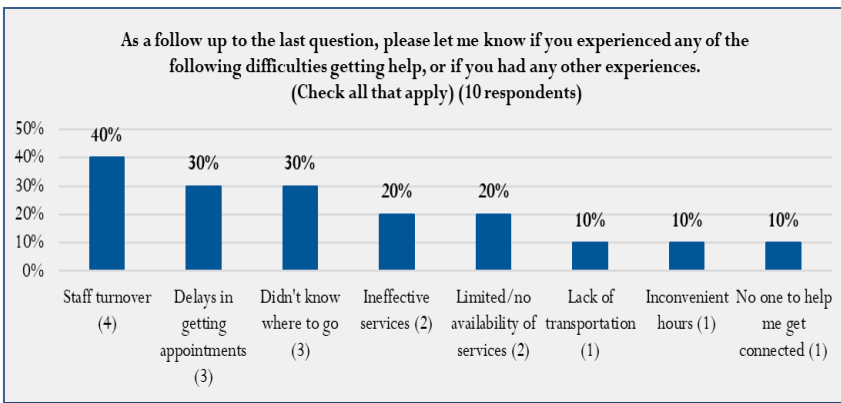
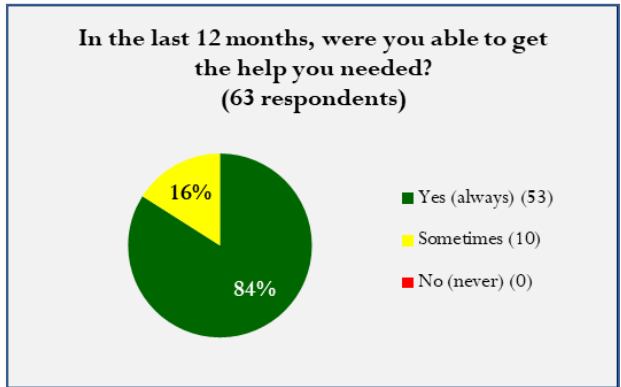
Access

Strengths

Fifty-three TAY (84%) said they had always been able to get the help they needed in the previous year. No one said they were “never” able to get help.

Considerations

Of the 10 respondents who said they were “sometimes” able to get the help they needed in the last 12 months, **four (40%) said staff turnover was a problem for them.** “Delays in getting an appointment” or “didn’t know where to go” were problems mentioned by three (30%) of respondents experiencing problems.



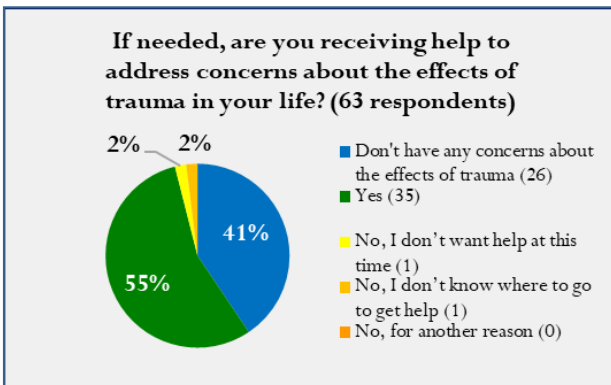
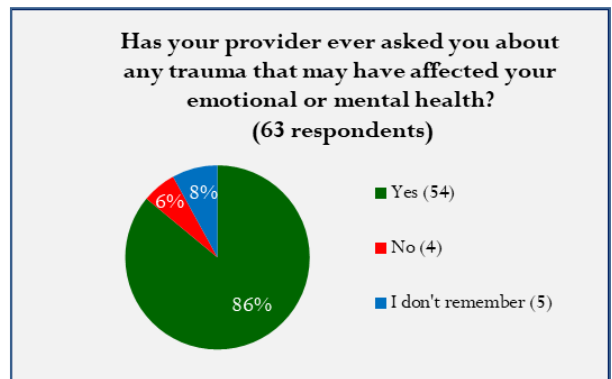
When asked TAY to share how providers offered support for dealing with difficulties they had with getting help, one D&A respondent said their provider offered help with transportation and guidance in finding a psychiatrist for medication. Five MH respondents indicated that no support was offered; four did not answer the question.

Service Delivery/Treatment

Strengths

Sixty-one individuals (95%) reported they were always able to make treatment decisions.

When asked if their provider had asked about any trauma they had experienced that may have affected their emotional or mental health, 54 (86%) said they had. Of the D&A



respondents, 100% reported their provider had asked them about the effects of trauma in their lives.

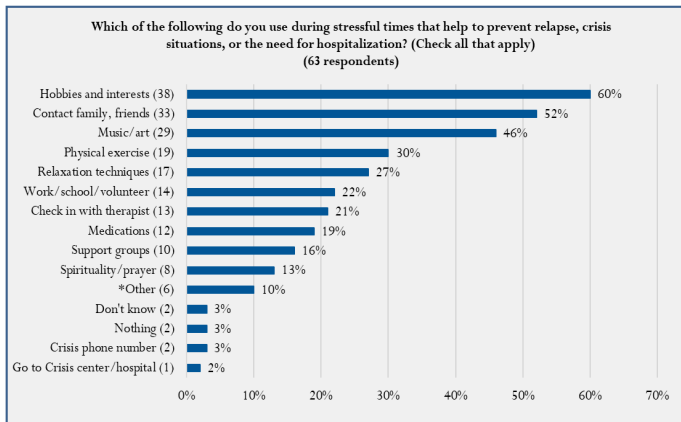
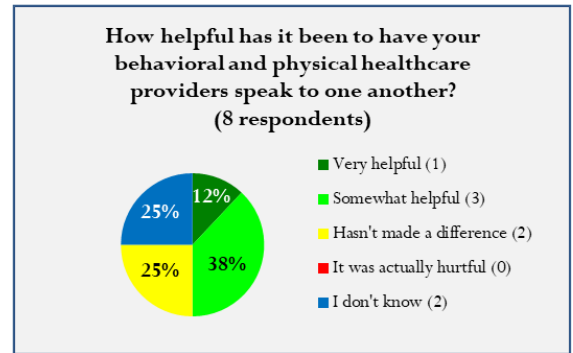
Thirty-seven respondents indicated that they had a concern regarding trauma in their life. Thirty-five of these (95%) reported they were receiving help for those concerns.

When asked if they had concerns regarding their physical health and wellness, 47 people (75%) said they had no concerns. **Of the 16 respondents indicating a physical health concern, 14 (88%) were receiving help.**

Service Delivery/Treatment (continued)

Considerations

Thirty-one respondents (48%) reported their behavioral healthcare provider and their physical healthcare provider had not spoken together about their healthcare; 25 respondents didn't know. Of the eight respondents reporting their behavioral health and physical health care providers spoke to each other, four (50%) reported it was helpful.

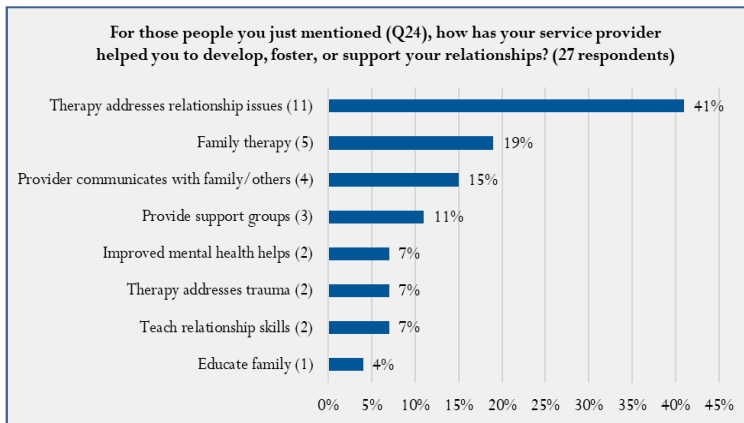
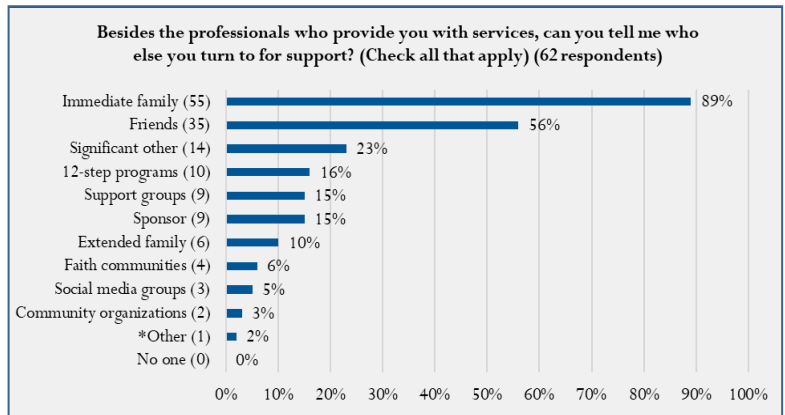


Recovery/Resiliency

Strengths

People were asked about what is helping them prevent crisis/relapse. The top three strategies for the MH interviewees were hobbies/interests (56%), contacting family/friends (44%), and music/art (36%); for those interviewed at D&A facilities, the top three were contacting family/friends (85%), music/art (85%), and hobbies/interests (77%). Thirty-one respondents reported using three or more strategies.

When asked who they turn to for support besides professionals, **55 individuals (89%) interviewed reported turning to family members.** Approximately 50% of those shared how their provider helped them develop, foster, or support their relationships.



Comments indicated most help was provided by addressing relationships in therapy, teaching relationship skills, and/or addressing trauma. Five people mentioned family therapy; four said the provider communicates with family members. One person said the provider educates the family.

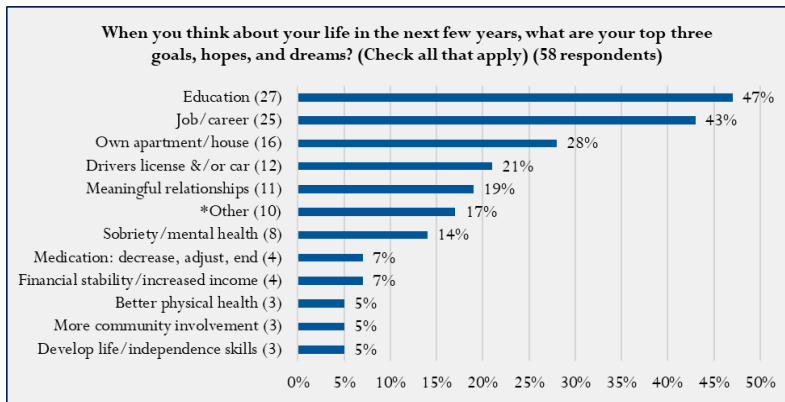
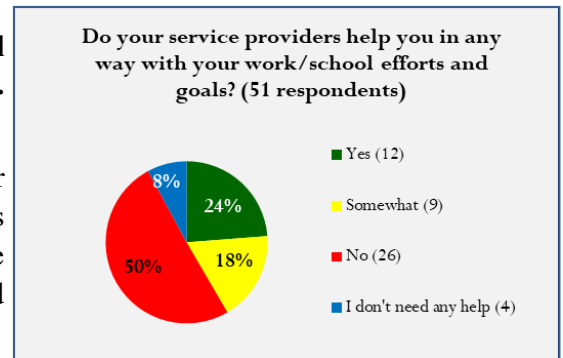
Of those interviewed at D&A providers, **75% reported they were either working/volunteering at least part-time, attending school, or both; 25% would like to work or go to school.**

Recovery/Resiliency (continued)

Considerations

Twenty-nine respondents (58%) interviewed from the mental health sample reported working/volunteering/going to school. Another 10 (20%) said they wanted to work/volunteer/go to school.

Of the 51 respondents who reported working, going to school, or interested in working/school, 21 (41%) said their service providers were helping them with their work/school efforts and goals. The primary helps mentioned were encouragement from therapist and inclusion of work/education goals in treatment plans.

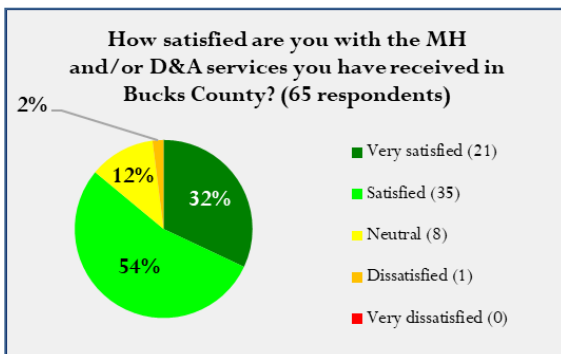
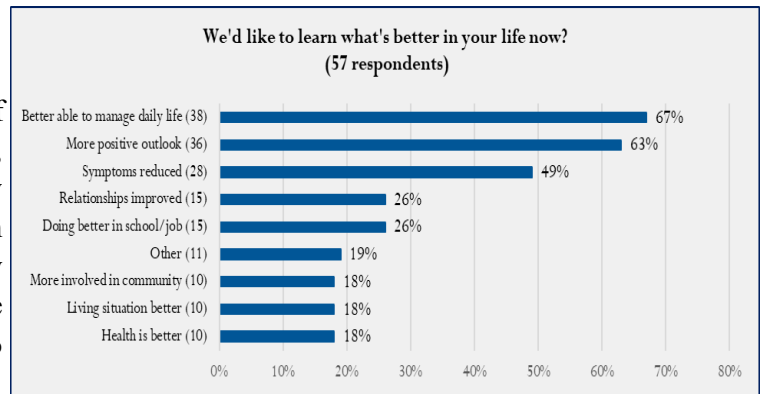


Over 20% of respondents reported their top three goals, hopes, dreams were education, job/career, their own apartment/house or a driver's license/car. When asked what skills they need to develop to achieve their goals, people indicated money management (69%), driving/transportation (35%) or being able to maintain their physical health (26%). For those interviewed at D&A providers, 92% reported needing money management skills.

Outcomes

Strengths

TAY reported improved quality of life (89%). Of those reporting the quality of their life was better, over 50% said they were better able to manage daily life and had a more positive outlook. For the thirteen interviewed at D&A providers with improved quality of life, 100% reported being better able to manage life and having a more positive outlook and 91% reported better health and improved relationships.



Satisfaction

Strengths

Overall, 56 Transition Age Youth (86%) were satisfied with the mental health and/or drug and alcohol services they received in Bucks County.

Considerations

One respondent who reported dissatisfaction with services mentioned staff "always texting or on cell phone."