

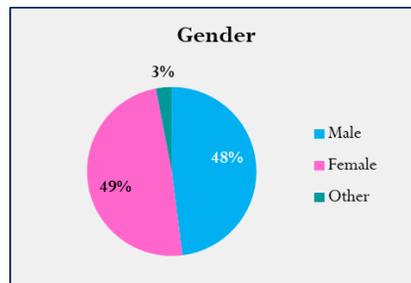
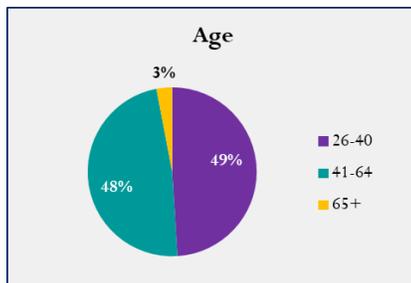
2019/20 BUCKS COUNTY ADULT RECOVERY SURVEY Community Report

In 2019/20, Voice & Vision, Inc. conducted interviews with 41 randomly selected adult HealthChoices members who had received at least one behavioral health treatment in the previous year. In addition, 24 adult HealthChoices members, or who had County funding, were interviewed at various D&A treatment providers throughout Bucks County. In all, 65 individuals were interviewed for the Adult Recovery Survey project.

This study and follow-up recommendations were developed in collaboration with the Bucks County Departments of Mental Health/Developmental Programs and Behavioral Health, the Bucks County Drug & Alcohol Commission, and Magellan Behavioral Health. The purpose of this project was to explore the experiences of adult HealthChoices members in regards to the key issues of **recovery, access, service delivery, treatment, outcomes, and overall satisfaction** and to track progress toward change over time as a result of Behavioral Health initiatives.

This brief summary of the data is provided to assist Bucks County agencies and Magellan Behavioral Health in incorporating recovery principles more fully into all aspects of behavioral health treatment services for adults. We thank all who made this project possible, especially the individuals who took time to share their experiences with us. A detailed report is available by request.

Demographics:



RECOMMENDATIONS

- **Commend** professionals for continuing to ensure people get the help they need, and for asking about trauma and providing help for its effects. Share positive outcomes, such as having a more positive outlook and reduction of symptoms, indicated by individuals receiving treatment.
- **Encourage** providers to offer trainings that address Social Determinants of Health life domains and resources for staff to strengthen their understanding of the domains with which people struggle and improve their ability to help.
- **Explore** barriers that prevent behavioral healthcare providers and physical healthcare providers from speaking together.
- **Educate** individuals regarding the importance of behavioral healthcare and physical healthcare providers speaking together to coordinate their care and promote the continued use of signed consent to encourage care coordination conversations.
- **Reinforce** the importance of person-centered treatment and service delivery that acknowledges and deeply values the cultural background, needs, and concerns of each individual and ensures their goals and desires are considered in treatment planning.
- **Inform** provider staff of the benefits of programs like NAMI Family Education classes and encourage them to make a habit of reaching out to family, friends, and other support persons to share valuable support and educational resources.
- **Assist** people, where appropriate, in sharing crisis plans with support persons to strengthen the ability of support persons to understand and help their loved one.
- **Help** people who are interested in working, volunteering, or going to school by developing with them a workable goal plan based on their interests and abilities. Connect them to resources like job coaching, OVR, or College Plus/TAP programs that will support their work/school efforts and goals.
- **Encourage** D&A providers to continue to implement smoking/vaping cessation programs. Encourage all providers (MH and D&A) to ask their clients about smoking/vaping and to prioritize education on the health risks of these activities as well as the health benefits of quitting. Encourage healthier relaxation options to replace smoking.

Outcomes and Satisfaction

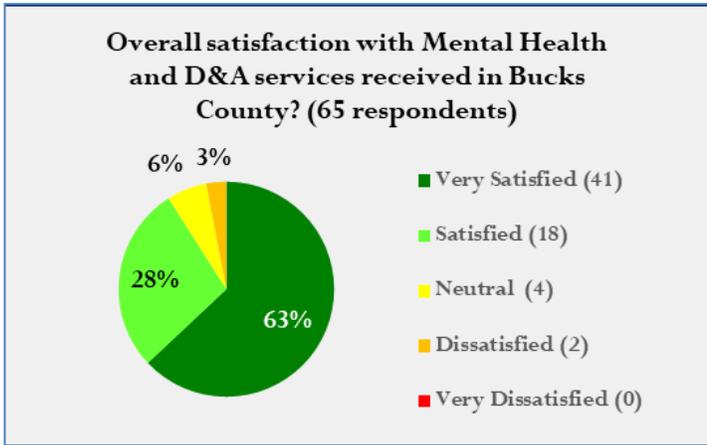
More than 50 % of people indicated in the top following ways how their lives had improved since receiving treatment:

- ❖ Symptoms reduced
- ❖ More positive outlook
- ❖ Managing daily life
- ❖ Improved relationships

People (91%) reported their MH and/or D&A treatment had improved the quality of their life.

Top strategies people indicated using during stressful times to avoid relapse, crisis situations, or to avoid hospitalizations included:

- ❖ Music and Art (75%), **Smoking/vaping (71%)**, Contact with family and friends (58%). (from the D&A interviews)
- ❖ Contact with family and friends (73%), Medications (54%), Relaxation exercises (34%) and Hobbies/Interests (34% each). (from the MH interviews)



Overall satisfaction with Mental Health and/or D&A services was reported by 90% or more of people interviewed.

"I am very satisfied with my services. I couldn't leave my home about a year ago due to anxiety. With all my help I can get out now. I just don't want to push things too fast."

Access

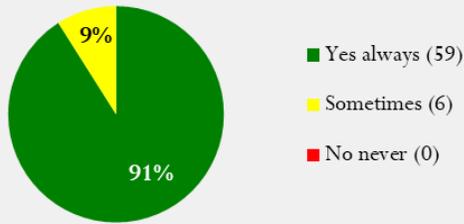
Of the 65 people interviewed, 83% indicated they were always able to get the help they needed in the past 12 months.

Eleven people said they weren't always able to access the help they needed in the top five ways:

- ❖ Delays in getting appointments
- ❖ Didn't know where to go
- ❖ Waitlists for services
- ❖ Lack of transportation
- ❖ Insurance issues

Service Delivery and Treatment

Were you given the chance to make treatment decisions? (65 respondents)



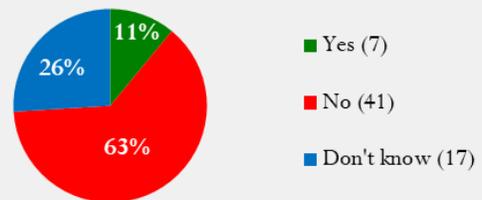
No one said they were “never” given the chance to make treatment decisions. **Fifty-nine people (91%) said they were “always” given the chance to make treatment decisions.**

“It’s hard to make plans. Not convenient. When you call to schedule your appointment the same week you’re supposed to have your appointment, [the provider] picks the day and time you can come in. I’ve had to cancel other plans and appointments because of that.”

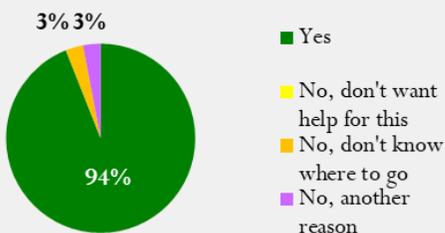
All of the people who said their behavioral healthcare and physical healthcare providers had spoken together indicated it was at least “somewhat helpful.”

“My family doctor has sent my nurse navigator and therapist information on my physical health issues, so I don’t have any medication reactions.”

Have your behavioral and physical healthcare providers spoken together about your healthcare? (65 respondents)



Are you receiving help to address any concern you have with your physical health/wellness?



Of the 31 people who said they had a health concern, **94% indicated they were receiving help for their concerns.**



Effects of trauma can influence a person’s behavioral health recovery. **Fifty-five people (85%) reported their provider (s) had asked them about their trauma concerns.** At D&A providers, **71%** of respondents indicated the provider had asked about the effects of trauma; from the MH sample, **93%** reported their providers had asked. Of the 45 people who indicated they had a **trauma concern**, **38 (84%) reported they were receiving help to address their concerns.**

Recovery Indicators

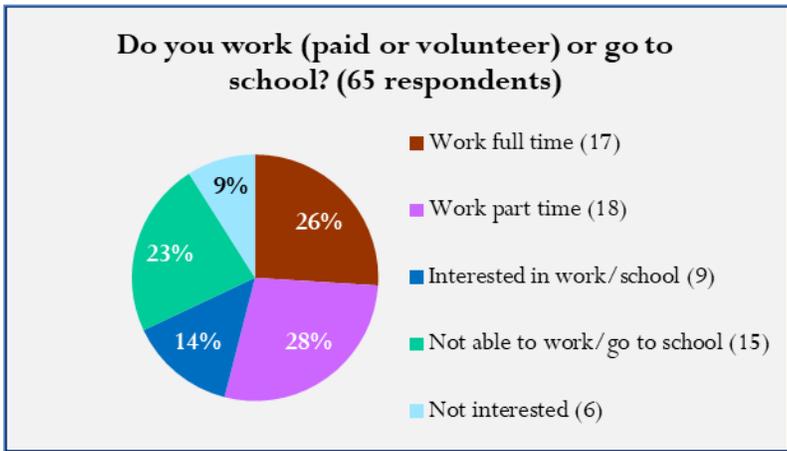
Out of 65 individuals, 58 said that, besides professionals, they turn to family and/or friends for support.

The top way these "natural" supports assisted people (39 individuals or 63%) was through offering "verbal advice" or talking with the person.

Sixty-three people reported ways their service provider (s) have helped them to develop, foster, or support relationships with the people who support them. Of those 63 respondents, 46% said their provider(s) had not helped. The remaining individuals shared how their provider(s) had offered the top following supports to their loved ones :

- ❖ Support Groups (29%)
- ❖ Informative materials (25%)
- ❖ Inclusion in therapy (19%)
- ❖ Self-care/healthy boundaries (19%)

"They offer support group information and informational pamphlets for his family members, but he didn't take advantage of them yet."



Forty-four people who were working or had an interest in working were asked if their provider (s) helped them with their work/school efforts and goals.

Of the 26 individuals who indicated they needed help, more than half (12) said their provider had not helped with their work or school efforts and goals.

