

2019/20 BUCKS COUNTY SOCIAL DETERMINANTS OF HEALTH SURVEY Community Report

In 2019/20, Voice & Vision, Inc. conducted interviews with 140 adults who were receiving mental health and/or substance use targeted or intensive case management services in Bucks County. A Survey Monkey survey was also distributed to all 60 blended and intensive case managers in Bucks County; 44 completed a survey.

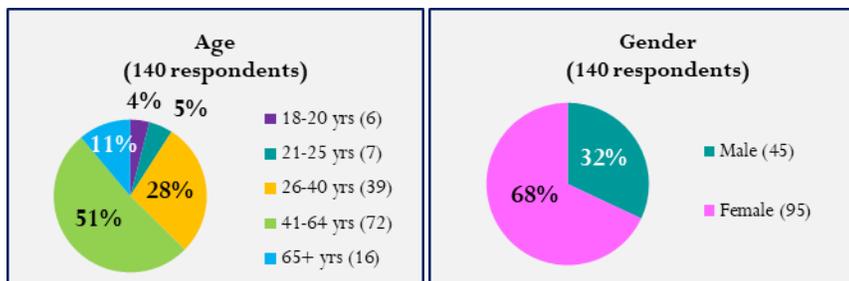
This study and follow-up recommendations were developed in collaboration with the Bucks County Departments of Mental Health/Developmental Programs and Behavioral Health, the Bucks County Drug & Alcohol Commission, Inc., and Magellan Behavioral Health.

The purpose of this project was to gain an understanding of how Social Determinants of Health (SDoH) domains are addressed in targeted case management from both the recipient and case management staff perspectives. This study focused on key SDoH: housing, food security, transportation, health care and social/community connections.

Data was gathered for the following objectives:

- Learn about SDoH with which individuals identify
- Learn how case managers are assisting with SDoH
- Understand barriers that individuals and case managers face in addressing SDoH needs
- Learn how case managers have been trained to help with SDoH needs

Demographics:



RECOMMENDATIONS

Providers/Case Management :

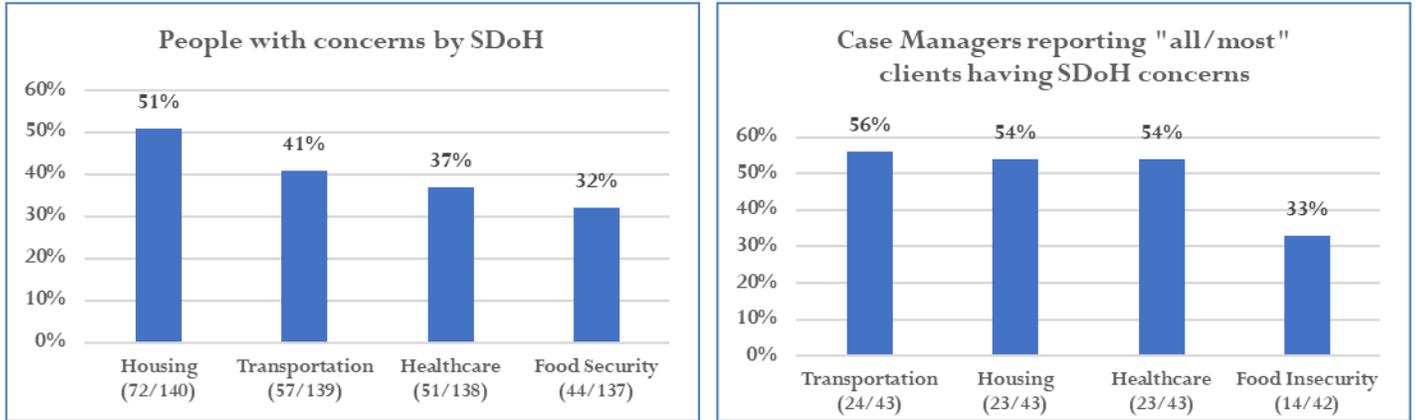
- *Share* with providers how appreciative people are of their case managers.
- *Ensure* case managers have the most up to date resources and training related to Social Determinants of Health domains.
- *Expand* case managers' knowledge of available financial assistance programs and how to help clients understand qualifications and application process for those programs.
- *Increase* case managers' knowledge of various SDoH resource eligibility criteria.
- *Encourage* case managers, where family or other natural supports are involved in a person's life, to educate those people on relevant resources they can utilize when supporting their loved one's SDoH concerns.
- *Assist* case managers to understand people's practices around using their SNAP benefits and use that knowledge to educate individuals on ways to maximize their SNAP benefits.

Systems Recommendations:

- *Define* barriers to individuals' use of public transportation including Bucks County Transport (BCT) and explore solutions.
- *Promote* a continued focus on providing abundant, safe, affordable housing in Bucks County for people with mental illness.
- *Explore* the concerns people have regarding SNAP benefits that may be inadequate to meet their food needs.
- *Create* access to a centralized resource guide containing both County and regional resources and update continually.

SDoH domains that impact people’s lives and how case managers help

People indicated whether they had concerns in any of four of the five SDoH: housing, food security, transportation, and healthcare. The full report explores specific problems/concerns for each domain.



Despite system limitations for various forms of assistance, many people felt their case managers did what they could to help them.

Regarding awareness of various resources, more than 50% of people who indicated a resource below applied to them, reported they already knew about the resource, or their case manager had told them about it.

Housing: B.C. Opportunity Council, Welfare/cash assistance, Local churches/charities

Food Insecurity: SNAP benefits, Food pantries, Fresh produce drops

Transportation: B.C. Transport, how to use bus/train schedules, giving bus/train schedules

Healthcare: Medical Assistance (MA), Doctor/dentist or specialist that takes their insurance

Over 50% of people who indicated a resource below applied to their situation said their case manager didn’t tell them about the following resources:

Housing: B.C. Housing Link Hotline, Rental assistance programs, Credit/budget counseling

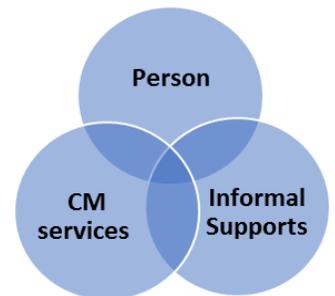
Food Insecurity: Gift card/food vouchers, Hot meals/local soup kitchens

Transportation: Ride Share programs

Healthcare: Health education resources, free gym memberships, vouchers for glasses

Social and community connections are another important SDoH. Of 133 respondents, 114 (86%) said that family, and 75 of 126 (83%) said that friends, had been at least “somewhat helpful” in assisting them with their needs.

When asked how their case manager helped them develop or strengthen relationships with these supports, 10% percent or more of **123 respondents shared** that their case manager **listens** and gives advice/encouragement (18%), talks to/**supports family members** (11%), and/or **connects them to support or community groups** (10%). **Fifty-nine of those people (48%) said the case manager did not help.**



Understand barriers in addressing identified needs in SDoH domains

There are many ways case managers can assist people with getting the resources they need. At the same time, both case managers and clients can encounter barriers that get in the way. We asked people how helpful their case manager has been with a variety of needs. Over 90% of people found their case manager helpful in many ways as seen below.

How helpful has your Case Manager been with any of the following?	Very helpful + somewhat helpful
Listening to my concerns	96% (131/137)
Helping me fill out paperwork/make phone calls	94% (117/125)
Referring me to available resources related to my needs	93% (125/135)
Help me stay focused/organized with getting the resources I need	91% (113/124)
Connecting me to an outside resource agency	71% (83/117)
Help me learn budgeting/bill paying	68% (72/106)
Connecting me to a CPS/CRS to help me	44% (38/86)
Involving my family to educate them on available resources I need	35% (30/85)

Over 90% of case managers indicated they **help all or most of their clients** with the following tasks:

- Research resources
- Assist with paperwork/applications
- Assess for SDoH concerns
- Address clients' fears and concerns
- Assist with phone calls to connect to resources

Ninety-five people (69%) said they had **no problems connecting to resources** to which their case manager referred them. The following were problems reported by 10 or more people which prevented them from connecting to those resources:

- Tried to connect but was ineligible
- Mental health symptoms prevented them.

All case managers responding said they were at least "sometimes" **able to overcome challenges/barriers** in accessing SDoH resources for their clients. They shared many examples of how they overcame those challenges/barriers. Here are the top four:

- Advocating for clients to meet needs
- Reaching out to other organizations for resource ideas
- Being persistent and asking questions
- Consulting other professionals for help with resources

People were also asked about ways **they found solutions** for problems they experienced. Of 90 people responding, 20% or more gave these recommendations:

- Be your own advocate
- Connect to natural supports
- Reach out to your provider
- Be persistent to get/keep services.

Learn how case managers have been trained to help

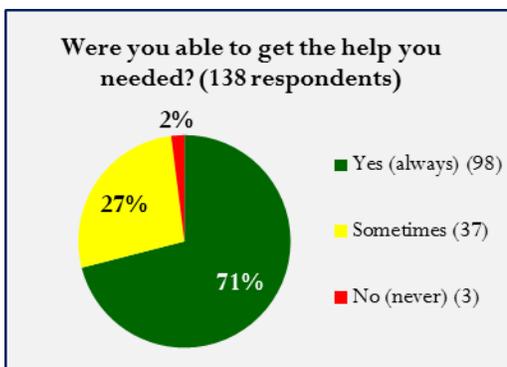
Case managers shared about training they received regarding the Social Determinants of Health.



Case managers were asked how satisfied they are with the skill development and training they received regarding the Social Determinants of Health domains. Thirty-one case managers (74%) indicated they were very satisfied or satisfied. When asked about additional support or training they need, 33 case managers offered feedback. **Fifteen of these case managers mentioned needing more training about available resources.**

State Questions

The State of Pennsylvania requires three basic questions about all Behavioral Health services received in the past 12 months to be asked during every C/FST survey project.



➤ Of 138 people responding, 130 (94%) said they were **always given the chance to make treatment decisions.**

➤ People were asked if they were able to **get the help they needed** in the last 12 months.

For those who “sometimes” or “never” were able to get help needed, the following difficulties were experienced by 10 or more people:

- ◆ Ineffective services
- ◆ Staff turnover
- ◆ Didn't know where to go
- ◆ Wait lists for services
- ◆ Lack of transportation
- ◆ Limited/no service availability

➤ When asked **what effect treatment had had on the quality of their life**, 112 people (82%) said that their life was better. When asked about “what is better,” over 50 people indicated the following:

- ◆ Their symptoms were reduced. (90 people)
- ◆ They had a more positive outlook. (76 people)
- ◆ They were better able to manage daily life. (58 people)

