

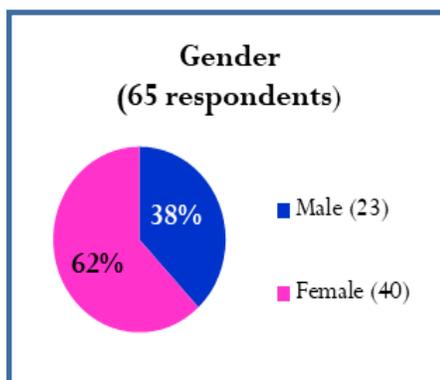
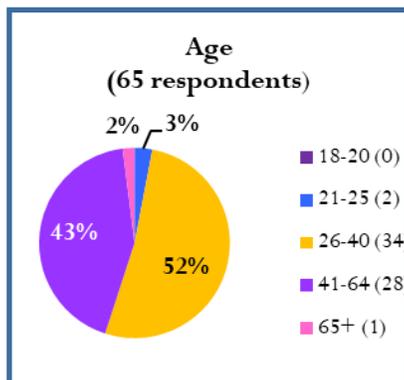
2017/18 BUCKS COUNTY ADULT RECOVERY SURVEY Community Report

In 2017/18, Voice & Vision, Inc. interviewed by phone 65 randomly selected adult HealthChoices members who had received at least one behavioral health (BH) treatment in the previous year.

This study and follow-up recommendations were developed in collaboration with the Bucks County Departments of Mental Health/Developmental Programs & Behavioral Health, the Bucks County Drug & Alcohol Commission, and Magellan Behavioral Health. The purpose of this project was to explore the experiences of HealthChoices members in regards to the key issues of **recovery, outcomes, access, service delivery, and overall satisfaction (ROADS)** 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 all stakeholders in incorporating recovery principles more fully into all aspects of behavioral health treatment services. We thank all who made this project possible, especially the HealthChoices members who took time to share their experiences with us. A detailed report is available by request.

Demographics:



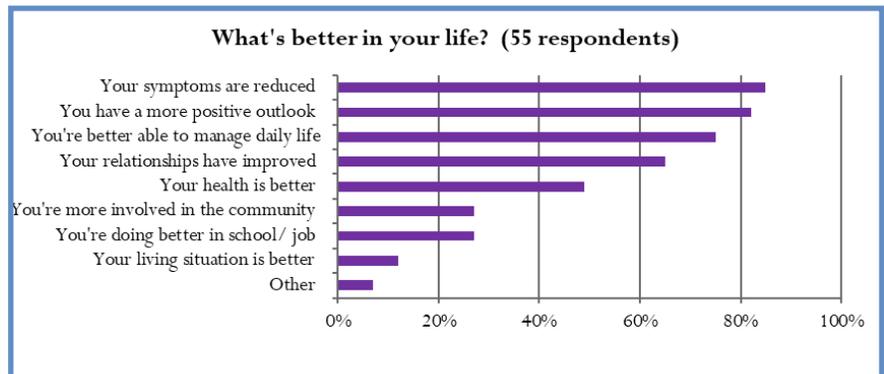
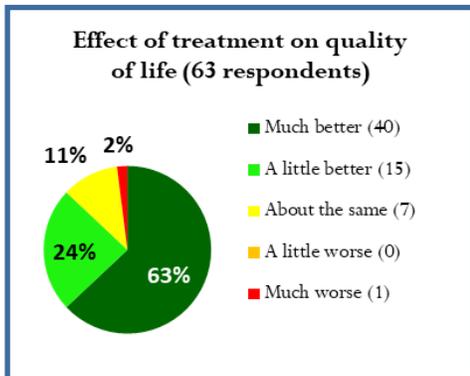
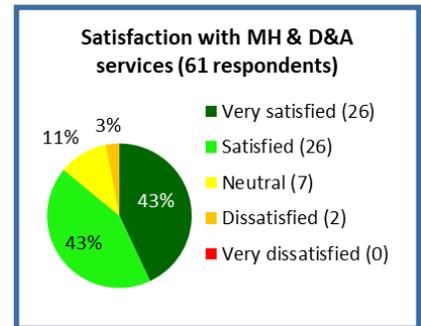
RECOMMENDATIONS

- **Share** the positive effect of behavioral health treatment with provider staff & other stakeholders.
- **Increase** use of crisis/relapse prevention planning. Include supportive people in the planning process and educate them about its importance.
- **Share** with professionals positive responses to fostering and strengthening relationships as part of treatment/support plans.
- **Ensure** that physical health issues are considered in behavioral health treatment planning. Address barriers for coordination of behavioral and physical health treatment.
- **Include** family or other supports in a person's treatment, in order to educate them about mental health or drug/alcohol diagnoses and best ways to be supportive.
- **Educate** people about the benefits of working, while exploring training for professionals in inclusion of work/education goals in treatment planning and education about work incentives and supports.
- **Explore** top issues reported by people experiencing problems getting help. Identify actions to address issues.
- **Continue** emphasis on "trauma-informed care". Commend professionals for asking people in treatment about their trauma history and addressing it.

Adult Recovery Survey 2017/18

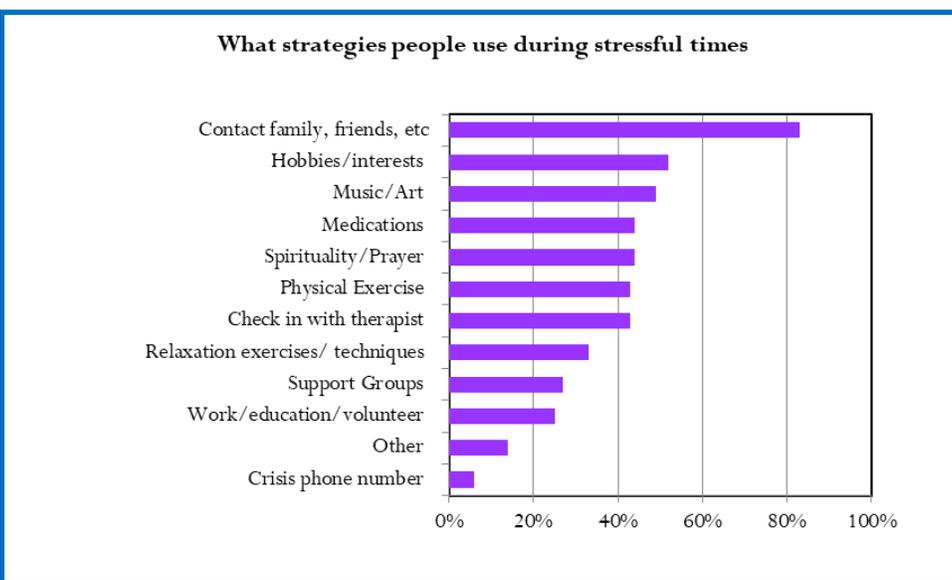
Outcomes and Satisfaction

Overall, people reported **satisfaction with their services (86%)** and **improved quality of life (87%)**. Of the 55 people who indicated that their life was “better”, 47 (85%) said that their symptoms were reduced. Of the 22 respondents interviewed at D&A treatment sites, over 80% indicated that they are also better able to manage life, have a more positive outlook, and have improved relationships.



"Everyone at _____ has put my thoughts and needs first."

"If you would of saw me a year ago, you'd think I was a mess. I am so good now. I love my therapist."



Over 80% of all respondents indicated that contact with friends and family was the most frequently utilized strategy in preventing crisis/relapse. Other helpful stress-reducing strategies reported by 40% or more included hobbies/interests (52%), music/art (49%), medications (44%), physical exercise (43%) and checking in with their therapist.

Of those interviewed at D/A treatment sites, 83%

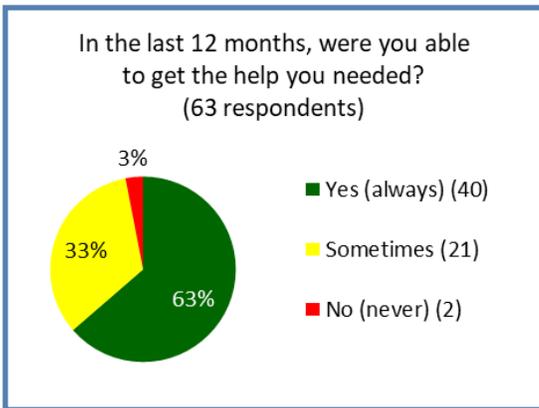
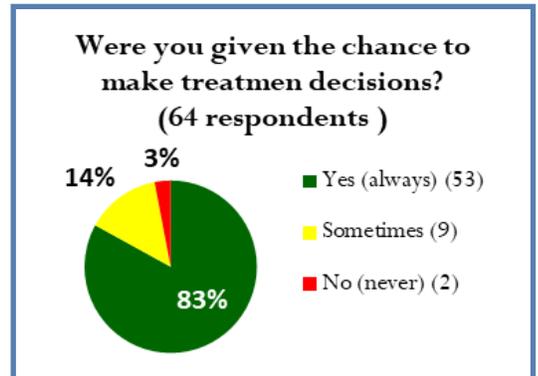
reported using three or more stress relief strategies. Of those interviewed from the Mental Health treatment random sample list, 68% reported using three or more strategies.

Adult Recovery Survey 2017/18

Access and Service Delivery

Fifty-three (83%) of those interviewed reported positively regarding being able to make their own treatment decisions. Two respondents indicated that they were “never” given the opportunity; one of those comments was from a mother responding for her adult child who had intellectual disabilities and could not speak for himself.

Nine people indicated that they were “sometimes” or “never” given a chance to make treatment decisions, and one of these individuals expressed the desire to be offered more options for aftercare, housing, and OP services. Which seemed limited by insurance and a dual diagnosis.



Of all people interviewed, 40 (63%) were “always” able to get the help they needed. Of those interviewed from the Mental Health random sample list, 56% said they were “always” able to get the help they needed. Of those interviewed at D&A treatment sites, 75% indicated they were “always able to get help”.

Of 25 people who reported problems with getting help, (38 % of the total interviewed), 18 (28% of total) experienced problems with access; 16 (25% of total) with service delivery; and 3 (5% of total) with recovery issues.

- ❖ *"I got anxious and I only had Medicare and they did not take my insurance and I had to wait 4 months before getting a new psychiatrist."*
- ❖ *"I would like more options for scheduling around my work. They only have 6PM and it is hard to manage around work. "*

Of the 25 people commenting on problems getting help, 20% or more indicated one of the following:

Problem getting help	% of the 25 reporting problems	% of the 65 interviewed
Issues with the psychiatrist or nurse practitioner (8)	32%	12%
Wait lists for services (8)	32%	12%
Delays in getting an appointment (6)	24%	9%
Lack of transportation to get to services (6)	24%	9%
Insurance issues (5)	20%	8%
Didn't know where to go for help (5)	20%	8%

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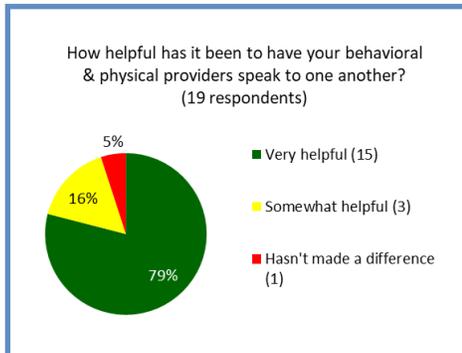
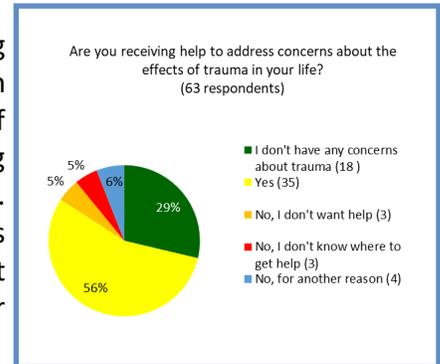
Recovery Issues



A “recovery-oriented” system of care takes into consideration the whole person, not just their treatment for a mental health or substance use disorder.

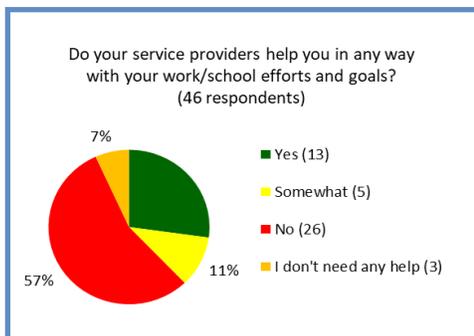
We looked at several issues that impact mental health and/or substance use recovery.

Trauma: By definition, **trauma** is a deeply distressing or disturbing experience which can profoundly influence a person’s behavioral health recovery. When asked if they were receiving help for the effects of trauma, 45 people (69%) indicated that they had a concern regarding trauma and 78% of those 45 reported that they were receiving help. Another 5% indicated that they did not currently want help with effects of trauma. When asked if their service provider(s) had asked them about trauma in their life, 75% of all respondents indicated that their provider had asked them about trauma.



Physical Health: We also asked people about their physical health and the **coordination of their physical health and behavioral health needs**. Of 65 people interviewed, 36 (55%) indicated that they had a concern with their physical health/wellness and 83% of these reported that they were receiving help to address these concerns. Of the 19 people who said their behavioral healthcare and physical healthcare providers had spoken together, 95% reported that it was helpful (79% said that it was “very helpful”).

Personal relationships: This is another important “recovery indicator”. When asked who they turn to for support besides professionals, 58 out of 63 people (92%) responded that they turn to family and/or friends. We asked how their service provider helped them to develop, foster, or support the relationships that they indicated. Of the 46 people who responded to this question, 39 (85%) commented positively regarding support offered by their provider. Support examples included education for family/supports, help with communication skills, relationship advice, and encouragement.



Meaningful activities: We also asked about their **work/school participation** or interest—34 people (52%) reported that they were working or going to school at least part-time. Another 11 (17%) indicated interest in going to work/school. Of these 45 people, 18 (40%) reported receiving assistance/support from their provider with work/school goals.

Updated 10/25/2018