

IMPROVING COMMUNITY MENTAL HEALTH PRACTICE

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NIH Annual Conference on the Science of Dissemination and
Implementation: Methods and Measurement

March 15-16, 2010

Washington, DC

The Research

- Goal: To assess the feasibility of implementing all-hazards trauma response services in community mental health service settings
- Objective: To describe factors related to adoption in this service setting
- Impact: Increase wide scale adoption of practices that will address mental health outcomes of exposure to disasters of all types

Background

- Exposure to trauma of any sort can have behavioral health impacts
 - *Services are fragmented and there are gaps*
- Early intervention can reduce impact of exposure
 - *How can accepted interventions be delivered in a timely manner?*
- Community-based crisis response is most often focused on victims of violence
 - *Can an all hazards emergency response model help meet a wider range of service needs?*

Community Response Team (CRT)

- Community Response Team Program provides early intervention during community crisis events.
- Innovation:
 - Brings an emergency response model into new contexts
 - Diffuses evidence informed practices into new settings
 - Focuses on community level events
 - Violence events and other disasters - All Hazards
 - Addresses service integration and coordination
 - Provides a structure that can scale up to assist with large scale mass disasters

CRT Description

- Comprised of staff from mental health agencies: Direct care staff, supervisors, managers, administrators, case managers
- Located in police divisions where local command can request response
- Types of events include: mass shootings, loss of a community leader, or apartment fire

CRT Requirements

- CMH agencies identify staff to be team members
- Team members rotate being “on-call”
- Teams respond to individuals directly or indirectly exposed to a community event within 24-48 hours
- Complete action reports for centralized reporting
- Conduct follow up with contacted individuals and report
- CRT members must attend trainings and be ICS and NIMS certified

CRT

- CRT DO provide:
 - Support/crisis counseling; PFA
 - Education about available resources
 - Referral to behavioral health and social services
- CRT do NOT provide treatment and do NOT support psychiatric emergencies.
- Timing and role in response will vary by situation

Desired Outcomes

- Reduced impact of direct or witnessed trauma at the community level
- Increased access to behavioral health services in the community
- Strong infrastructure for behavioral response to larger city or regional disasters

The Study

A qualitative review of participating and non-participating agencies provides some insight into implementation issues and factors that are related to wider dissemination.

Dissemination Methods

- Information blasts to the 56 agencies targeted for participation
- Direct requests from lead city agency
- Open trainings in PFA, inter-agency networking opportunities, and free technical assistance with disaster planning

Findings

- Fewer than one quarter of targeted agencies have adopted the program.
- Other targeted agencies have attended trainings but have not joined.
- Need to find ways to leverage adoption by the remaining agencies.

Adopting Agencies

- Receive high proportion of funding from the lead agency
- Are small, community-based agencies with strong community relationships
- Staff see a fit with agency's mission
- Staff volunteer to be CRT members
- Perceive a benefit in wider networking

Adopting Agencies' Concerns

- Experience
- More trauma specific training
- More training in emergency response
- Resources: internal and external

Non-Adopting Agencies

- Include the large, more organizationally complex
- May not identify with specific geographic communities
- The lead agency is not a primary funding source
- Some are more specialized: e.g. children's services

Challenges to Adoption

- Services are new
- Services are voluntary
- Resources:
 - There is no direct compensation from lead agency
 - Fee-for-service structure limits ability to put front line staff on CRT;
 - Financially possible but less desirable is use of salaried staff
- Few opportunities to observe or experience the service

Points For Leveraging Adoption

- Experience
- Structure in specialty agencies' role
- Address payment issues
- Build on perceived benefits of strengthened community relations
- Build on perceived benefits of networking

Conclusions

- Community crisis and emergency response seems to be a good fit with community mental health agencies.
- There are perceived benefits to the agency that could be leveraged for adoption.
- Some structural issues need to be addressed.
- Demonstration, evaluation and dissemination of experience is needed.

Future Research

- Implementation Evaluation: fidelity and quality
- Consumer response
- Assess the actual impact on mental health outcomes
- Evaluate effectiveness in larger disasters