

# **CPM Project: Wealth of Knowledge**

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## **Problem Statement**

This project investigates the adequacy of access to information by staff of the Charleston Dorchester Mental Health Center to community resources available to clients in need. Of recent, emails and calls for knowledge of available resources have dramatically increased, and staff are often unsure how and where to access community resources. This increase was a signal that information about these resources and how to access them may have been lost over time. This could be due to a failure to properly maintain the processes and with the attrition of staff and community relationships. Several years ago our Center had an agreement with a local community assistance resource company named Hotline. The agreement allowed us to purchase community assistance manuals listing available resources for our area. Hotline transformed into Trident United Way 211 and no longer publishes this manual for purchase. Another factor that has impacted us is the loss of many long-term staff members who were familiar with resources in the community that were not part of the Hotline Resource Directory. We may need to reestablish a clear path to community resources to assist newer staff members, and we need would also like to document the unpublished resources many of our long-term staff rely on.

The mission of the Charleston Dorchester Mental Health Center is to support people with mental illness which includes assisting clients with finding housing, food and medical services, if needed. We serve clients that are severely and persistently mentally ill. Because most of our clients are uninsured or on disability, financial strains often leave them without food, shelter and the basic sustenance. Fulfillment of

the basic needs our clients face in day-to-day life is usually compounded by their mental illness. In addition, the stressors faced by a lack of basics increases their risk of decompensation and often leads to hospitalization. Accessing community assistance for our clients in need is a vast part of our job and having a tool that is effective, efficient, informative and complete is what we need.

## **Data Collection**

The goal of this process is to identify the informational needs of the staff in order for them to better connect clients with the appropriate resources. No baseline data is available as a comparative. A survey method is the tool used to identify what is currently occurring and what would be a better option for accessing information pertaining to community resources. The survey will be disseminated to all staff via email. All staff have access to computers and are assigned an email account.

Charleston Dorchester Mental Health has a standard that staff check email no less than twice a week. Based on this standard and access, the survey was distributed via a global email to all staff at the Mental Health Center. Two hundred fifty-eight (258) surveys were sent to Charleston Dorchester Mental Health staff via the email system. One hundred sixty-two (162) or sixty-two point eight percent (62.8%) were opened. Of those opened, only twenty-two (22) or eight and one-half percent (8.5%) responded to the survey. The survey (Appendix A) requested feedback on:

\*What is your current process to access community resource information?

- \*Is the current process for accessing this information effective, efficient, informative and adequate?
- \*Should the current process be changed?
- \*What do you think is the best way to access information about community resources for yourself?
- \*What do you think is the best way to access information about community resources for your co-workers?

## **Data Analysis**

A review team of mental health center staff met in January, 2008, to analyze feedback from the survey, identify current methods of accessing community assistance information, and provide suggestions to improve the process. Column charts were prepared to quantitatively view responses (Appendix B). Concerns were expressed over the low number of responses and if a conclusion could be drawn from the data. The team decided to proceed with the data collected with the understanding adjustments may need to be made. The review team also recognized flaws in the survey that could impact results. Failure to ask for staff tenure and about the clinical service delivery format may have reduced the ability to recognize the needs grouped into important categories.

When staff were asked what methods are currently being used in accessing community resources, the highest responses were co-workers and the old Trident United Way 211 manuals. The staff also felt like the current processes they used to access this information were effective and informative but not very efficient or

adequate. Seventy-two point seven percent (72.7%) of the respondents felt the current process should be changed. When asked the best suited format for accessing community resources for the Center as a whole, internet access was slightly higher than both manual options. The next question asked about individual preference, and this is where it became clear that individual needs were driven by the team service delivery type. The responses were all very close, but placing a comprehensive manual in team rooms was the favored format. When asked what they thought their co-workers would use they chose the pocket guide and comprehensive manual placed in the team rooms. The review team discussed the similarities in personal and perceived co-worker needs of either format of the manuals, but it was interesting to note that respondents thought internet access was best for the Center. With the observation that several options may be needed for different groups and few are currently available, the team decided to try to implement all options. This plan would include printing and binding a hard copy of the most recent 211 resource guide for each location; printing a pocket version of the 211 resource guide for staff to access the information in the field; and creating web based access to both 211 and internal staff resources through Charleston Dorchester Mental Health Center's web page.

## **Implementation Plan**

A review team made up of clinical staff that deliver direct mental health services to clients as well as administrative staff who usually interact with and often assist clients, met in January, 2008, and reviewed the results. During this meeting several

actions were discussed with hopes of gaining approval for implementation through the Center's senior management. We discovered that not all staff members were working with comparable knowledge of how to access community assistance for their clients. In addition, we ascertained that different teams need different forms of access based on the core functions they perform. Finally, we learned that a change in relationships with community partners has directly impacted our delivery of key information to staff.

There are several problems the review team discussed. The first was tenure of staff and their responses to the survey about accessing community assistance. It was discovered that staff tenure was omitted from the survey, and this information could be relevant to the responses received. The review team thought staff that have been in the mental health system for longer periods of time tend to know a great deal about access to community resources, and many have compiled this information in their personal files. Because they have readily available access to this information they may not feel access to community information is a deficiency in the center. If we had asked for tenure information on the survey we could have then grouped responses by tenure and categorized the needs for each group. This information is also very important for the Mental Health Center because it has gone through a great deal of staff turn-over due to budget constraints. With a greater percentage of staff currently new to the Mental Health Center, the team felt like we may not be fulfilling our clients' needs and mission as well as we had in the past with a more constant staff. This discussion lead us to determine access to community resources for our clients is

information that should be added to our orientation for new hires and not included as a component of training once the staff reaches the service delivery areas of the Center.

The next problem the review team discussed involved the hybrid nature of some clinical teams. This also should have also been included in the survey to clarify the needs of hybrid teams. The Mental Health Center is comprised of many teams which were developed in order to better serve our clients in an environment more conducive to recovery of mental health-related issues. Some of these teams serve their clients in a clinic environment, some are located in schools and some serve clients in their homes or at the homeless shelter. If a team's function is to deliver service in a rural-based community setting, homes or shelters, they do not have readily available access to the internet. It may also be inefficient to carry a four hundred thirty-five (435) page manual at all times. For these teams, we discussed possibly developing a scaled-down version of the manual with key information and access numbers. The pocket manuals would cost approximately three dollars (\$3.00) each. Our center typically, if funds are available, will assist clients with commitments they have defaulted on. We are going to use an electric bill to justify the cost-effective endeavor that we are asking senior managers to support. In many cases parents can lose their children if they are currently involved with the Department of Social Services and their electricity is cut off. It is very common for mental health clients to be involved in the above situations. It is in line with our mission to assist clients through issues that arise in their lives and to attempt to minimize the chance of de-

compensation. In this type of case, the clinician should be contacting community resources to help with this client's electric bill, but if we are unable to find assistance we may disburse payment for the overdue balance. If we could reduce our funding of one electric bill in the amount of one hundred sixty-five dollars (\$165.00) this would pay for fifty-five (55) pocket manuals. The likelihood of diverting this assistance to another agency increases if you provide the clinician with the necessary community resources available that assist with electric bills. We are also requesting that the Center place full-size manuals in the clinical staff members' team rooms. In the past, the Center contracted with Hotline to provide us with ten (10) Community Resources Manuals to distribute throughout the Center. This was a widely used manual. Due to the merger of Hotline with Trident United Way 211, the contract dissolved. The distribution of community resources manuals to service areas disappeared and effective communication about access to alternatives never developed. The 2007 manual is available via the internet at <http://www.tuw.org/Downloads/2007MainResoruceDir.pdf> . The cost of printing this manual on our own photocopiers and placing it in a binder for each service area should be less than fifteen dollars (\$15.00). Currently our center would need less than ten (10) manuals. If the need were greater we would solicit a quote from state printing which may not be cost-effective for only ten (10) copies. Management may also decide that the process of maintaining and updating these manuals be systemized and assigned to a designated staff member in order to keep them current. The last issue the review team decided should be acted upon was the implementation of access to community assistance in the Center's orientation. In February, the team

met with the Center's human resources manager to find out the best way to deliver the message to new hires and to request time is set aside during orientation to introduce this information. This meeting went well, and it was decided that a section of the orientation manual would be devoted to providing information to new staff about resources to community assistance for clients. In addition, a sample of the pocket and full-size manual would be available for review.

A Gantt chart was developed by the review team and key staff to follow the process of development and distribution of information. Selected staff will move forward with developing the internet tools needed. This may take a longer to implement because the Center's information technology manager is currently deployed in the military. Upon completion of the web-accessed information, a memo will be distributed and clinic meetings will be held to review instructions on how to access information about community resources available to clients. Procurement has forwarded a copy of the scaled down version of the Trident United Way 211 Community Resources Manual to state printing and we are awaiting copies for distribution. The full-size manuals have been photocopied and bound. The clinic directors will be issued a supply of both manuals. Each director will determine the distribution of these manual for their area/service area based on the feedback from the survey. The clinical directors will also review the community resources manual's features and placement with their staff during the next building meeting following receipt of the pocket manuals.

## **Evaluation Plan**

Six months following implementation, a satisfaction/utilization survey will be developed and sent to Center staff to determine if changes need to be made in the tool or process. Hits on the web-based database will be measured as a percentage of clinical staff. The review team will meet again to verify that all is proceeding as planned and to analyze and discuss the results of the six- month survey.

## **Summary and Recommendations**

The goal of the project was to review the adequacy of access to information by staff of the Charleston Dorchester Mental Health Center regarding community resources available to clients. During this process we learned the impacts of changes by outside agencies and staff turnover have depleted the resources that provided this information. We surveyed the staff to find the format that would be most helpful for their work environments. Based on the data received from the survey and discussion by the review team, it was decided to recommend pocket manuals become available, as afforded, to all community-based clinical teams. We are also recommending that comprehensive manuals be placed in central locations in each clinic for all staff to access as needed. Because our staff have knowledge of assistance that is not listed in the Trident United Way 211 Resources manual, we are also recommending development of the information technology web-based repository portion of the plan. Once this has been completed, instructions will be sent via email and also reviewed in each clinic's building meeting. The review team is also asking for a six (6) month survey to be sent to staff to measure the impact of the above recommendations. The

survey will be revised to include information on tenure and service delivery style.

This will allow us to group the responses and make recommendations based on group needs rather than the Center as whole.

## Appendix A

### Center Needs Questionnaire

**Re: Readily available information on community assistance for clients in need.**

**1. What is the current process you use to locate various community assistance programs for clients?**

**2. Do you feel like the current process for locating various community assistance programs for clients in need is?**

<b>Effective?</b>	<b>Yes</b>	<b>No</b>
<b>Efficient?</b>	<b>Yes</b>	<b>No</b>
<b>Informative?</b>	<b>Yes</b>	<b>No</b>
<b>Adequate?</b>	<b>Yes</b>	<b>No</b>

**3. Do you think the process could be changed to be more helpful?**

<b>Yes</b>	<b>No</b>
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**4. If the information was available in the following forms would it be helpful?**

<b>Pocket Copy to carry with you</b>	<b>Yes</b>	<b>No</b>
<b>Hard Copy for your location</b>	<b>Yes</b>	<b>No</b>
<b>Internet access/Data Base</b>	<b>Yes</b>	<b>No</b>

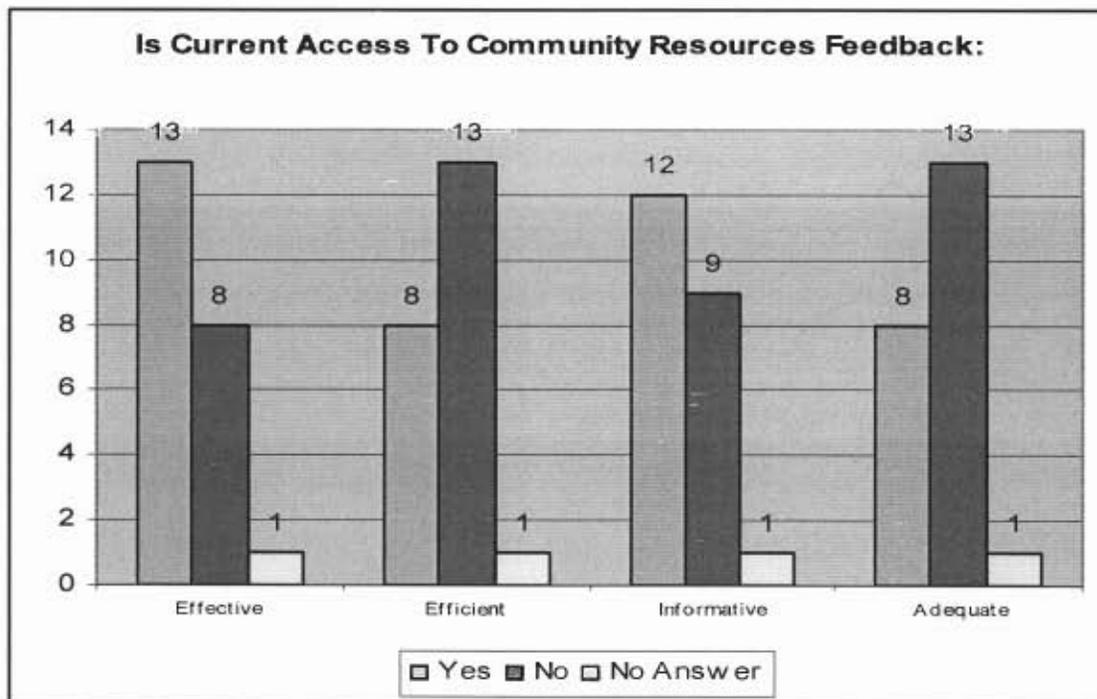
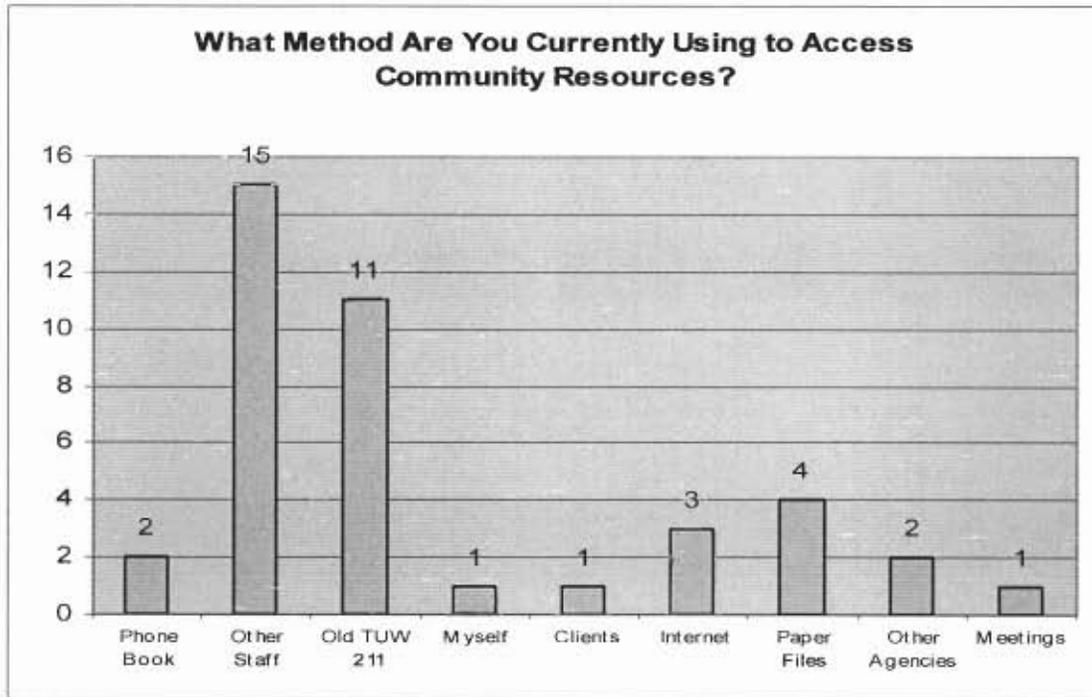
**5. Which form would be most useful to you and why?**

**6. Do you think your co-workers would also use the form listed as best suited for you?**

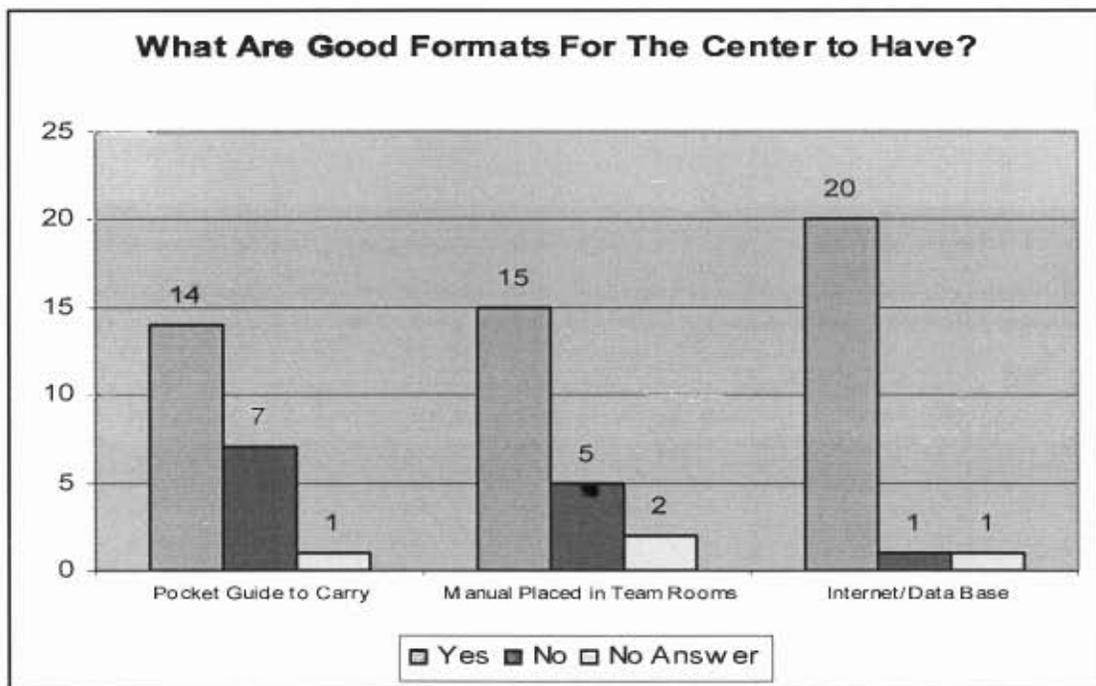
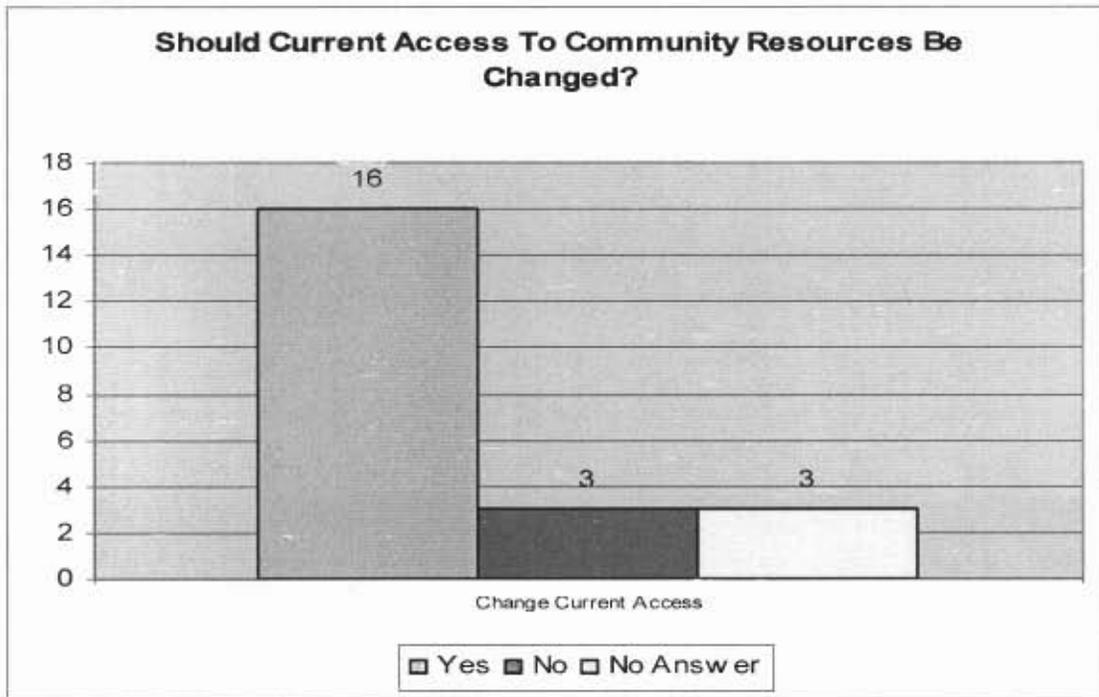
<b>Yes</b>	<b>No</b>
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**Comments:**

## Appendix B



Appendix B cont.....



Appendix B cont.....

