A Case Study of the Impact of a Crisis Care Center

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Background for the Case Study

- A mental health crisis can strike any person at any time

- One in three American adults will have a problem with mental health issues during their lifetime [1]

- Community Needs Assessment identified serious gaps in access to mental health services [2]

Importance of this Case Study

- Examined how 39 community organizations developed a goal to improve access for mental health issues
- To understand the multifaceted nature and impact of the Crisis Care Center

Challenges of finding a Solution

- 39 different organizations
- Improve access to affordable and effective mental health and substance abuse services
- Establishment of a 24-hour Crisis Care Center to facilitate care through an accessible system
- Changing habit, tradition, and culture

Research Question

- What is the nature of the impact of the Crisis Care Center located in Rapid City, South Dakota?

Significance of the Study

- By examining the phenomenon of the impact of the Crisis Care Center, the case study results provide:
  - New information from the detailed analysis of the Crisis Care Center on how to implement change
  - By understanding the lessons learned, other communities with a similar problem of mental health access may be able to replicate

Literature Support/Review

- Collaboration among Multiple Organizations
- Change Management
- Engaging Stakeholders
- Significance of Mental Health Disorders
- Alternative to Inpatient Mental Health Treatment
- Crisis Intervention Training

Research Design

- Case Study Methodology
  - Explored the phenomenon of the impact of the Crisis Care Center
  - Utilized a mixed method research process
  - Qualitative analysis of data from multiple sources such as field, artifact, and archival documents and interviewed stakeholders
  - Quantitative analysis of statistical data from the Crisis Care Center

Qualitative Data

- Field Documents-Emails and Committee Minutes
- Educational Presentations-Programs and Internet Blog
- Publications-Newspaper, Pamphlets, Reports
- Surveys-community and potential clients
- Interviews of Stakeholders- Collaborative members, Crisis Care Center leadership, Physicians, and Law Enforcements

Quantitative Data

- Client data collected by visit
- Statistics of clients served by the Crisis Care Center
- Method of client referral
- Number of clients admitted to inpatient psychiatric unit for less than 24 hours
- Number of suicides by year for the past ten years

Data Analysis

- Volumes of data
  - Qualitative-Interviews of stakeholders and field, artifact and archival documents
  - Quantitative-Archived statistical data collected by organizations
  - Triangulation-Cross check the data and merged into themes and categories

Scope and limitation

- A single case study analysis
- Are the results generalizable beyond the immediate case study
- Investigator bias needs to be considered because the investigator is a member of the Collaborative and has commitment to the success of the Crisis Care Center

Dominate Themes in Qualitative Documents

- Timely communication
- Collaborative goals
- Standardization of monitoring and measurement
- Process improvement
- Relationships

- Benefits to Organizations
- Sustainability of the Collaborative goals
- Resistance to goals
- Educational opportunities
- Impact of the CCC on the community

Impact of CCC from Stakeholder Interviews

- Collaborative members-Improved communication and cooperation between the partner organizations; reduction of inappropriate placement of patients
- CCC leadership-Improvement in relationship between community providers; better use of community resources
- Physicians-alternative treatment options and increase in CIT trained law enforcement officers
- Law enforcement-CIT training improved relationships between police and mental health community and increase understanding of mental health conditions and how to respond

Quantitative findings-Statistically Significant

- Client visits-number increase year over year
- Referral sources-RCRH ED; Law enforcement; self; family/friends
- Outpatient Referrals-LSS; CSS; CCADP; YFS; and other
- Payment Source-Block Grant; Medicare; Medicaid; Managed Care; Private Insurance
- Gender and Race
- Diversions-Inpatient Behavioral Health Unit

Sustainability of the new process

- The successful acquiring of local funds to sustain the Crisis Care Center (CCC) for up to five years
- Sixty percent growth of client visits from year one to year two
- Increase in referrals to the CCC by law enforcement, self /family and ED physicians

Recommendations for future research

- Alternative treatment options to address mental health problems needs to be explored in more communities-smaller and larger

- Explore ways to integrate mental health treatment in the primary care setting

- Impact of CIT training for law enforcement

- Research the impact of mental illness diagnosis on the individual patient and family

Recommendations to Organization's Leadership

- Relationships of members
  - Strength of the facilitator
  - Commitment and strength of the representatives from the major core organizations
- Shared power, mutual respect and the development of shared goals were the results
- Continue to focus on disseminating the findings in the community and nationally; focus on efficiency and reimbursement

Conclusions

- The case study was able to demonstrate improvement in mental health treatment in a less restrictive environment and provide quality care improvements with less cost

- Major changes in relationships between partners organizations occurred

Outcomes

- The Collaborative organizations are continuing to work together and wanting to tackle other community issues
- Information obtained from this study adds to the body of knowledge regarding the development of expanded access to care alternatives for mental health problems

Understanding the Phenomenon

- Developing broad community support to a solution through education and understanding of the impact of the solution can create a sustainable improvement and build a stronger community

- The power that occurs when non-profit, governmental, and foundations come together to develop community solutions should not be under estimated

References

- 1. National Institute of Mental Health (2008). *Prevalence of Serious Mental Illness among U.S. adults by age, sex, and race in 2008.* Retrieved March 20, 2012, from National Institute of Mental Health: http://www.nimh.nih.gov/statistics/index.shtml

- 2. Institute for Education Leadership and Evaluation. (2006). *Black Hills Community Needs Assessment.* Rapid City, SD: Chiesman Center for Democracy.