

HOUSTON'S LONG TERM MENTAL HEALTH* RESPONSE TO KATRINA/RITA: REFLECTIONS & ACTIONS

An Initiative of Project Resiliency

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SUMMARY REPORT

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Gulf Coast, Houston &
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CO-HOSTS Houston Galveston Institute
Mental Health Association of Greater Houston
The Network of Behavioral Health Providers
Sage Associates

* Includes wellness, behavioral health, substance abuse & mental illness

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Workshop

Overview of the Workshop

On 2 November 2006, a year following Hurricanes Katrina and Rita, approximately 100 people attended a workshop sponsored by the Houston Galveston Institute, a partner in Project Resiliency, a community collaboration of mental health providers. The purpose of the meeting was to create a venue for community providers to share thoughts and experiences about the community's long-term mental/behavioral health response to clients who were affected by the Hurricanes..

After opening comments from speakers, the participants participated in roundtables and an exercise to share their experiences and recommendations. At the conclusion of the workshop, fifty people participated in the workshop evaluation by completing a series of questions and offering their perspective about the events of the past year.

This report summarizes:

- *Participant's responses to the roundtable discussion*
- *Red-dot exercise*
- *Workshop evaluation*

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Roundtables

1. Report out on successes you've had with Katrina/Rita clients
 - *support groups/systems*
 - *agencies collaborating on the different issues*
 - *availability of agencies*

2. Discuss the needs/unmet needs you're still encountering.
 - a. What is the hardest thing for your clients to do?
 - b. Why do you think this is so?
 - c. What could help resolve this problem?
 - *transportation*
 - *employment*
 - *access to computers and other resources*
 - *stress*
 - *long term funding issues*
 - *establishing hope*
 - *childcare issues*
 - *negotiating the system*
 - *resources for the elderly*

3. It is 2016 and you've been retired for 10 years. Hurricane George hits the Gulf Coast and there is widespread devastation and need. You're called out of retirement to advise people about what we did 10 years ago and what we need to do now due to the natural and human disaster. You're the institutional memory – what do you want to pass on?
 - *non-traditional approaches to mental health*
 - *sensitivity training*
 - *be proactive versus reactive*
 - *focus on the whole person*
 - *a coordinated community response*

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Red Dot Exercise

If our community has \$100,000 to spend to help survivors of Katrina/Rita, how would you allocate funds?

Around the room were sheets of labeled newsprint for each of the following populations: Infants/children; Adolescents; Females; Males; Elders. Listed under each population were the most frequently mentioned “need” from the provider’s survey conducted by Sage Associates.

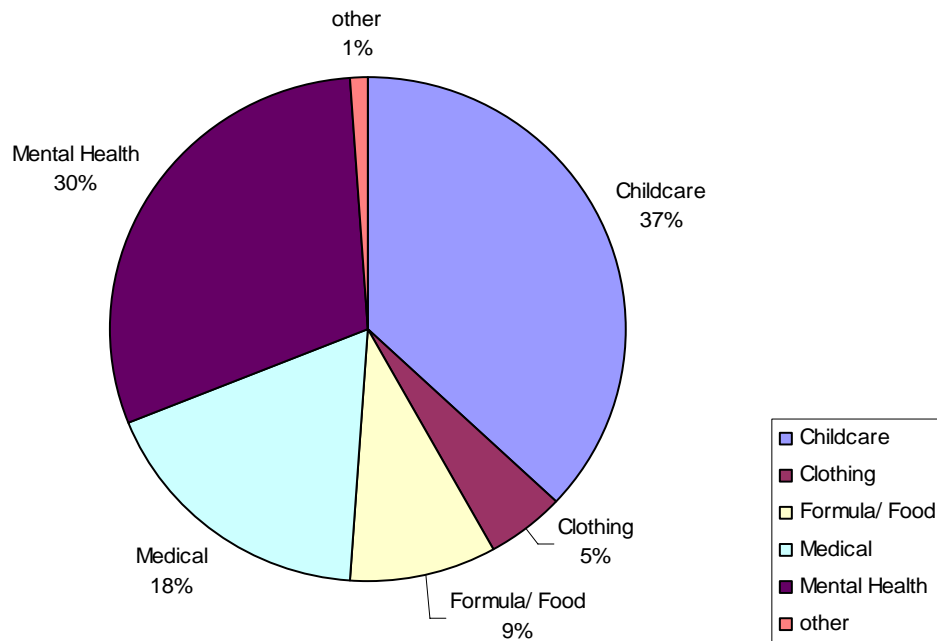
Each participant was given 10 red dots, each representing \$10,000. They had to “spend” their dots on the services and populations they think were most important. Under each of the identified categories, there was a place for “Other” for those needs not mentioned, which were written in, if they placed a dot in the “other” category.

The results of their spending is reported by population in the following pages.

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Red Dot Exercise

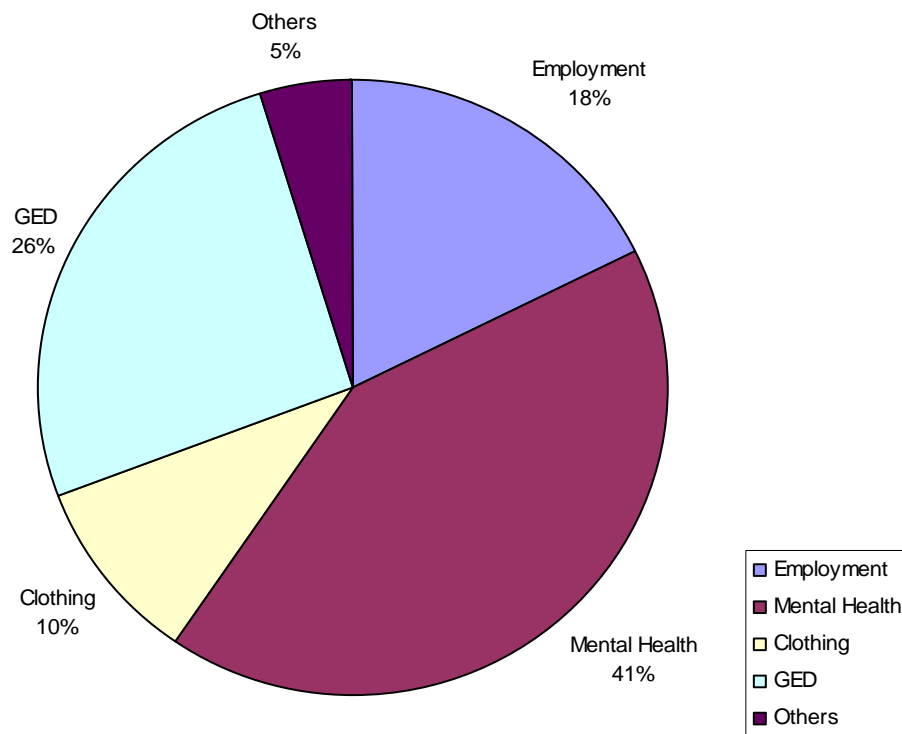
Infants



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Red Dot Exercise

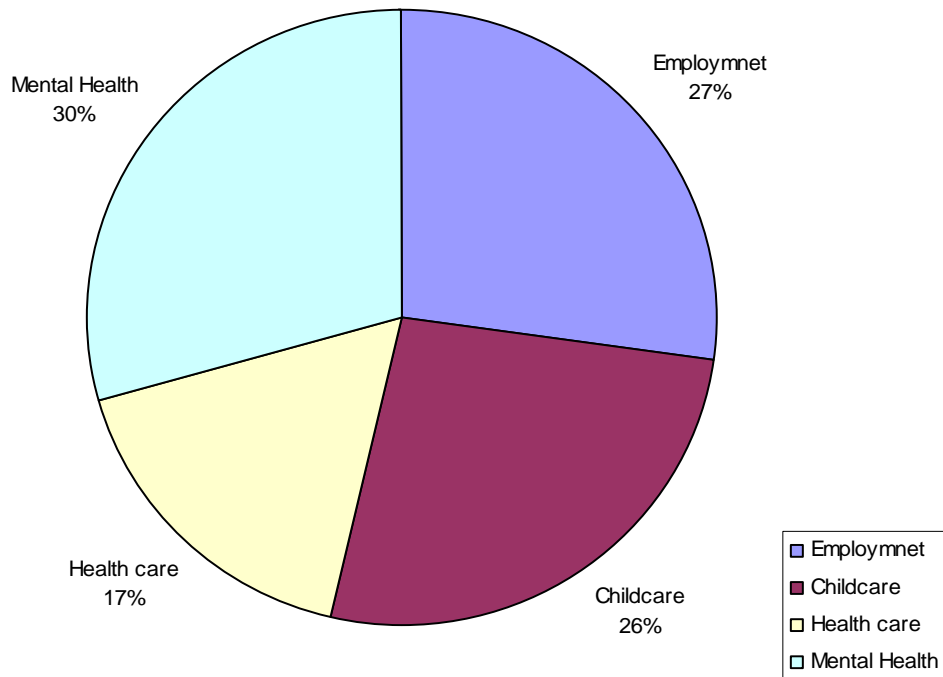
Adolescents



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Red Dot Exercise

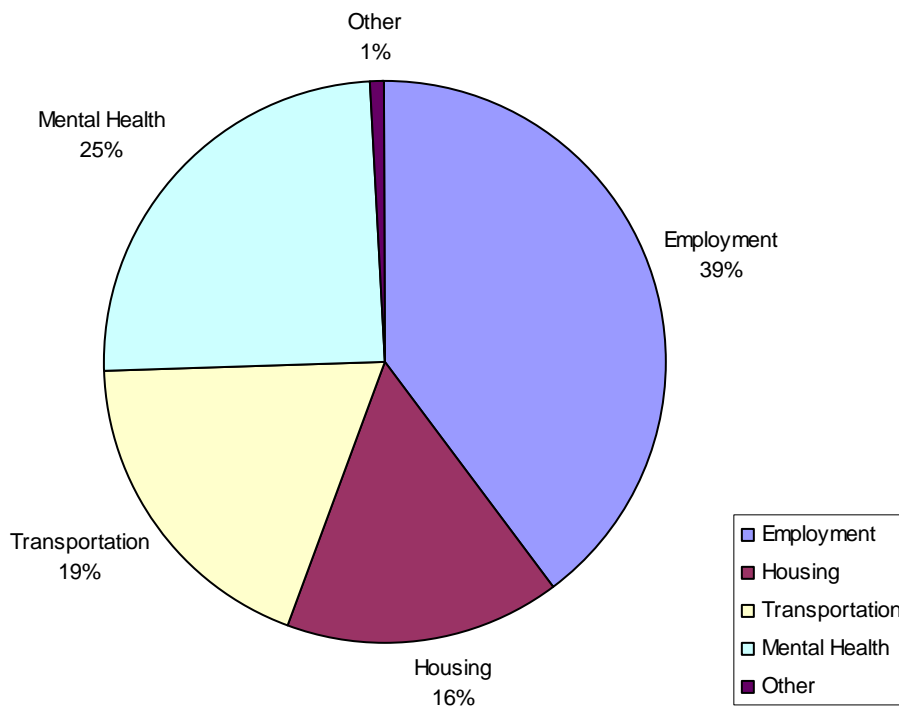
Women



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Red Dot Exercise

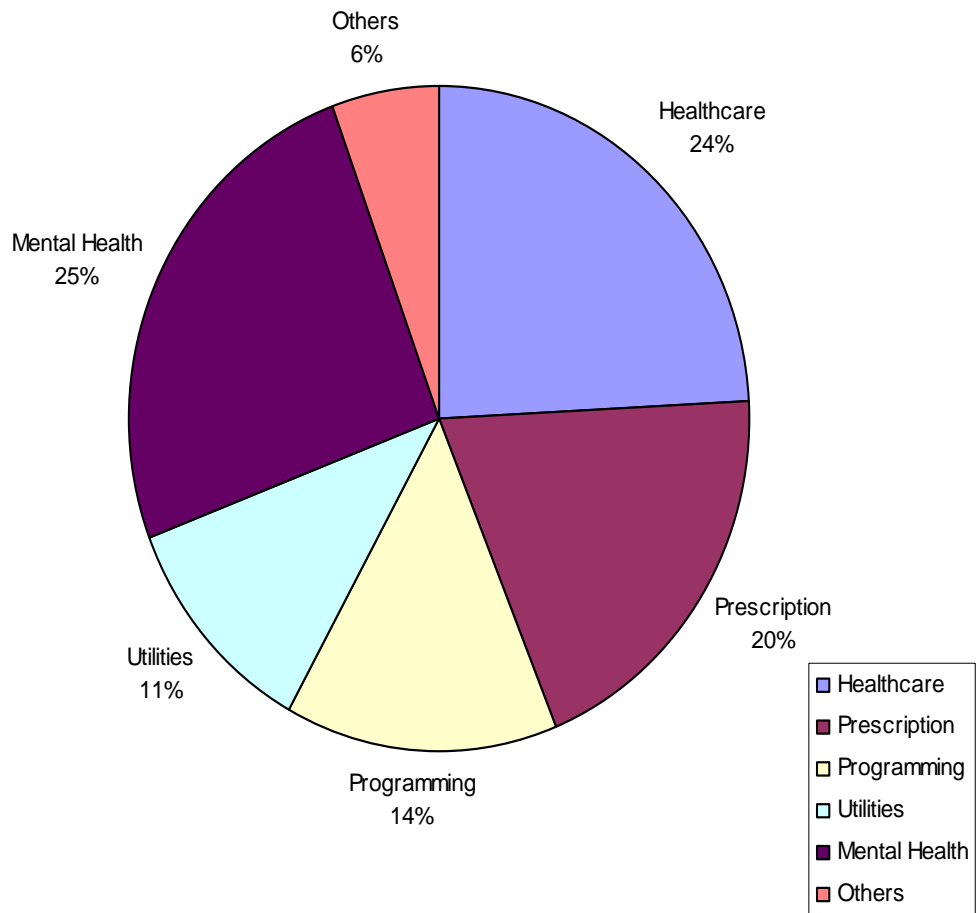
Men



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Red Dot Exercise

Elders



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Evaluations

N = 50

Key Facts: Overview of the surveys

- *Each disaster has specific needs for cultural competency, which are based upon the culture of the affected population.*
- *Mental wellness is not encapsulated; it is dependent upon many factors, including access to basic needs such as housing, food, employment, and transportation. Individuals without benefit of these basic needs are unable to actuate case management plans and successfully integrate into the community. In order for the community to develop a plan for long-term mental health care, these other components of wellness must be simultaneously addressed.*

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Evaluations

Summary of Responses to Survey Questions

Meeting Logistics

- 90% agreed that attending the meeting was time well spent
- 98% agreed that the meeting was organized
- 100% understood the issues discussed
- 98% understood the importance of the issues
- 98% were comfortable in participating in the activities
- 96% felt their input was respected and encouraged
- 96% were comfortable with topics discussed
- 61% had additional concerns, including: next step activities; understanding the reality of client situations, racism, and employment; need for additional planning, additional services, and additional funding

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Evaluations

Summary of Responses to Survey Questions

Key Point

Individual responses regarding key points or ideas were categorized as follows:

- Unity and collaboration (17%) – Working together and being of like mind
- Networking/Information sharing (15%) – Disseminating and sharing information
- Community needs (11%) – Understanding the current unmet needs
- Service delivery (11%) – Coordination of services, access, mobility, and long-term care
- Systems (11%) – Need for restructuring case management and institutionalizing new health care model
- Lessons learned (11%) – Need for coordinated efforts, non-traditional mental health services, mobilization, existing relationships, responsiveness to clients
- Case management (6%) - Need for training and follow-up
- Quality of services (3%) – Accountability from providers
- Integration (2%) – Integrating people into communities

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Evaluations

Summary of Responses to Survey Questions

Next Steps

Based upon the conversations of the day, next steps focused on the following areas:

- Service delivery (23%) – Improving access, coordination, quality, and knowledge
- Advocacy (21%) – Formalizing recommendations, leadership involvement, and community planning
- Services (21%) – Providing services that are culturally competent and responsive to client needs
- Communication (21%) – Continuing dialog, communication, and follow-up
- Resources (14%) – Increasing funding, utilizing extended area agencies, identifying additional providers for mental health, health and employment

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Evaluations

Summary of Responses to Survey Questions

My Next Steps

When asked to define their individual role in the proposed action steps:

- 41% proposed to continue their current level of activities (work, volunteering, etc.)
- 50% proposed to increase their efforts (identifying/creating resources, designing responsive programs, documenting history of events, gaining additional training/education, attending and participating in community meetings, etc.)
- 9% proposed taking a leadership role (helping to organize and plan)

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Evaluations

Summary of Responses to Survey Questions

My Next Steps

Support needed to actualize the proposed activities included the need for:

- Information about available resources (22%) – A system or database containing accurate information about resources
- Additional service providers (19%) – More resources
- Collaborations (15%) – Cross-agency collaborations and participation
- Planning/organization (15%) – A point person to help with organization and planning, an advocate with clout
- Information about special populations (7%) – Adolescents and schools needing mobile mental health programs; direct and long-term access to relocated families
- Information sharing (11%) – Gatherings, trainings, ongoing updates on unmet needs

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Evaluations

Summary of Responses to Survey Questions

Compassion Fatigue

When asked how their employer handles “compassion fatigue,” participants reported the following:

- 58% deal with “compassion fatigue” through internal means, including staff meetings, discussion, in-house counseling, group activities and celebrations
- 21% use an external source for assistance such as employee assistance counseling, time off, mini-retreats, and spiritual care
- 21% have no agency action to deal with “compassion fatigue”

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Evaluations

Summary of Responses to Survey Questions

Definition of Community Resiliency

Each contributed definition was sorted into one of three categories, individual, agency, and community. The roles were defined as follows:

- Individuals (28%) - How people “step up to the plate” in times of crisis
- Agencies (12%) How agencies provide services that help people
- Community (60%) – How neighborhoods and communities “bounce back” and band together in the face of adversity and how they integrate and support people

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Summary of Responses to Survey Questions

How Agencies Can Be More Responsive to Disasters

When asked how agencies can become more prepared to respond to disasters, participants identified three areas of need:

- **Training/Capacity-building (43%)**
 - Research and support a “real time” database of service providers (services, contacts, hours of operation, etc.)
 - Cultural competency training about affected community
 - Nurture non-traditional service providers through training and support
 - Provide on-going training for counselors and case managers
 - Increase training at outset of disaster event to standardize communication
- **Planning (24%)**
 - Prepare disaster response plan for case management
 - Plan for long-term care
 - Improve organization of volunteers
 - Identify/place knowledgeable people in leadership positions
- **Services (33%)**
 - Make funding documentation more reflective of client needs rather than numbers
 - How agencies accountable for providing stated services
 - Advocate for portable insurance and health care

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Evaluations

Summary of Responses to Survey Questions

Networking

The workshop provided a unique opportunity for providers to share information and contacts.

- 74% met someone at the workshop that could help them provide/improve client services
- 66% made at least one new networking connection (average was 4 and the median was 3)

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