

Brant Community Response Team Initiative: Six-month Evaluation

Synopsis

Purpose of evaluation

The Brant County Health Unit collaborated with the Brant Community Response Team (BCRT) to conduct a process evaluation of the BCRT initiative in the first six months of its implementation (March to September, 2015). The purpose of the evaluation was to examine whether project activities were being implemented as planned and assess its initial effects on individuals/families' acutely-elevated risk situations and community agencies' service provision and collaboration.

What is the BCRT?

The Brant Community Response Team (BCRT) was launched in March 2015 as a multi-agency initiative aimed at mitigating acutely-elevated risks of individuals and families through the collaboration of community agencies and mobilizations of their resources. Acutely-elevated risk situations are those involving multiple and interrelated risk factors that are likely to cause harm to individuals or families, cannot be addressed within the mandate and resources of any one agency, and require an intervention of multiple agencies to minimize or prevent the anticipated harm. To date, over 20 agencies from multiple sectors across the Brant County have joined the initiative, including: education, primary health, public health, mental health, addictions, law enforcement, justice, harm reduction, victim services, employment support, housing, homelessness, Aboriginal services, and youth community support. The BCRT members meet twice a week to discuss and identify situations with acutely-elevated risks, and connect individuals-in-need to appropriate services.

Key Evaluation Questions

The process evaluation focused on gathering evidence to address the following evaluation questions:

- To what extent has the initiative been successful in connecting individuals and/or families to the right local support services?
- What have been the challenges and facilitators to the initiative implementation?
- Is the initiative progressing in lowering individuals' or families' level of risk?
- Is the initiative improving community agencies' ability to identify and mitigate acutely-elevated risk situations?
- Is the initiative enabling community agencies to collaborate and build relationships to address acutely-elevated risks?
- How could the initiative be improved?

Methodology

A mixed-methods (quantitative and qualitative) approach was employed in the process evaluation, including: 1) baseline and follow up surveys of community agencies; 2) interviews and a focus group with community agencies; and 3) analysis of program data (the Collaborative Risk-Driven Intervention Database and Risk Factor Tracking Tool).

Key findings

Key findings of the evaluation are:

- Over the course of six months, a vast majority of situations (92%) brought to the attention of the BCRT were accepted as involving acutely-elevated risks and most of them (87%) were concluded by connecting individuals or families to services or informing them about services.
- The number of agencies referring situations to the BCRT and taking the lead or assisting on the accepted situations has grown over the past 6 months.
- Individuals or families are being connected to the appropriate services as the most common risk factors associated with the accepted situations fall within the mandate of lead and assisting agencies.
- Many factors that have facilitated the implementation of the initiative and service provision are driven by collaboration and relationship building among community agencies. They include the rapport and trust established between community agencies, information sharing between agencies, knowledge of each other's roles and services, quicker access to services and other key factors.
- The most common challenges experienced by community agencies are: client specific factors, such as client refusal of services and client misconception about the role of agencies; internal and external systemic restraints, such as the lack of staff time, skilled staff to dedicate to the initiative, and service gaps in the community.
- Evidence regarding the initial effects of the initiative on individuals and families at risk is very limited. The existing data on the status of risk situations over time suggests that continuous support to high-risk individuals and families is needed in order for behavior change to occur and for risks to be mitigated.
- The initiative appears to have affected the service provision as indicated by an increase over time in the capacity of community agencies to identify and address the acutely-elevated risk situations. Evidence is emerging about changes occurring within community agencies, such as an increase in client referrals, staff education about acutely-elevated risks, and creation of a designated position for the initiative.
- The BCRT has promoted collaboration and relationship building among community agencies. The progress has been observed in many aspects of inter-organizational collaboration, but most notably in: the knowledge of the roles and responsibilities of other community agencies, efficiency in connecting clients to services and information sharing about clients between agencies.
- A number of suggestions for further improvement of the initiative were made, such as: having sufficient resources, including staff, dedicated to the initiative, establishing clear procedures for lead agency assignment, intervention planning and execution, and ensuring adequate communication and representation at the discussion meetings and during intervention implementation.

Conclusion

While the BCRT initiative is still in the early stages of implementation, it is a very promising initiative able to consolidate community efforts to increase access to services for high-risk individuals and families, as well as improve collaboration among diverse community agencies. Future evaluation is warranted to examine the long-term impact of the initiative on individuals and families and community agencies' collaboration and service delivery.