Supporting Community Mental Health Organizations' Use of Evidence-Based Practices with Children and Families; Impacts of the Covid-19 Pandemic and the Availability of Evidence-Based Practices and Programs

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INTRODUCTION

The Covid-19 pandemic has significantly disrupted how community mental health organizations provide services while increasing the use of Telehealth modalities (Cunningham et al., 2021). Many families and children rely on mental health services at the community-level, and the utilization of evidence-based practices and programs (EBPPs) by community mental health organizations is critical to identify, address, and reduce the prevalence of childhood disorders. However, many EBPPs were not designed to be administered via Telehealth and how extensively these interventions can be adapted for virtual use is not fully known (Levy et al., 2021). Virtual administration of EBPPs via telephone or through HIPAA-compliant platforms, such as Zoom, can be beneficial for a variety of populations but may still pose challenges and barriers to achieving positive clinical outcomes (Lin et al., 2021; Shapira et al., 2021). Additionally, pandemic-related changes to clinical work may leave personnel to experience modifications in training, feelings of burn-out, and decreased treatment adherence, to name a few (Shklarski et al., 2021). As a portion of a larger study, the current presentation aimed to illuminate how the Covid-19 pandemic has led to changes in the ability of community mental health agencies to provide services within Oregon and Washington State.

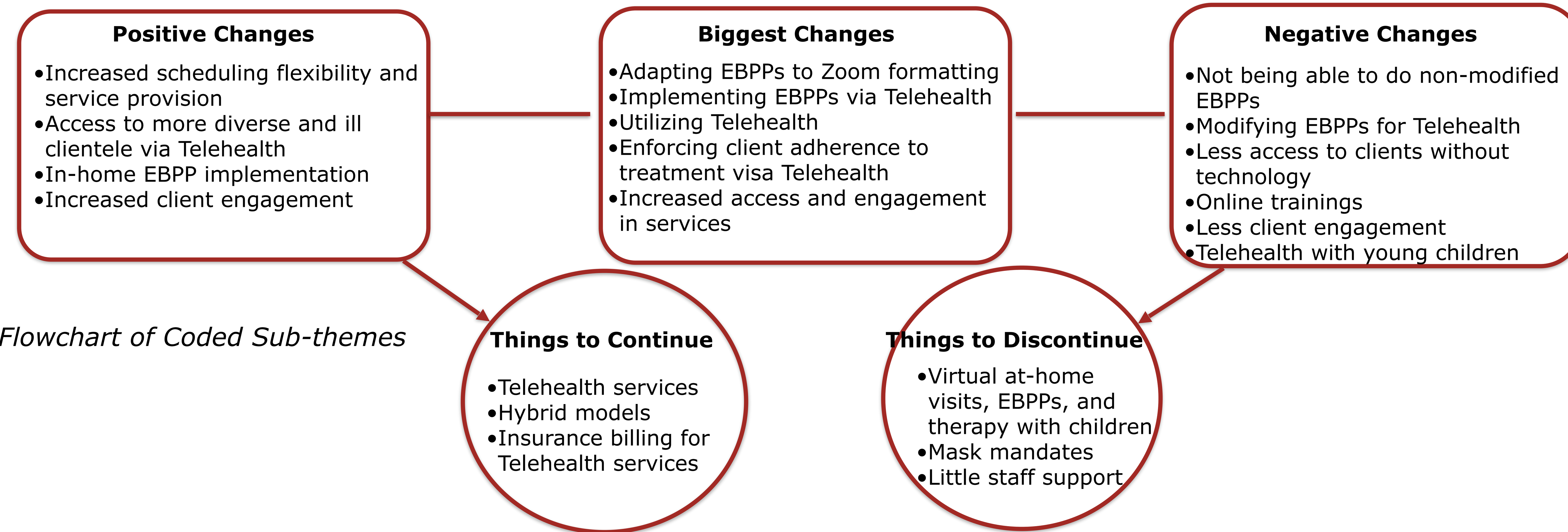

Figure 1 *Flowchart of Coded Sub-themes*

Domain	Subtheme	Participant Position	Example
Covid-19	Positive Changes	Administrator	"…[Telehealth] is sort of opening doors, hopefully to being able to do some of this work… that we didn't previously have access to."
Covid-19	Negative Changes	Provider	"[Telehealth] doesn't work for young kids."
Covid-19	Biggest Changes	Provider	"A couple of our parenting curriculums we haven't used because there wasn't…much guidance about how you might use it [sic] a telehealth format."
Covid-19	Things to Continue	Provider	"[Telehealth] has enhances a little bit, the collaboration between the family support specialist and..the family."
Covid-19	Things to Discontinue	Provider	"…I would prefer if- especially young children and their families came to in-person services."

Table 1 *Direct Quote Examples about Sub-themes*

OBJECTIVES

- Examine how the Covid-19 pandemic has impacted community mental health organizations' delivery of EBPPs for children and families.
- Identify positive and negative changes to clinical practice following the pandemic.
- Understand how often and when EBPPs are being utilized in community mental health settings following the pandemic.

DESIGN

The current study utilized a qualitative design with a diverse group of providers, supervisors and administrators (N=18) who were interviewed individually or in focus groups. Interviews (N=12) and focus groups (N=2) were conducted by lab personnel and anonymous audio recorded. Audio recordings were then transcribed for qualitative coding purposes. Each transcript was examined and approved for coding by at least two lab personnel.

METHODS

Two coders independently examined 14 (N=14) transcripts for qualitative themes related to Covid-19 and the availability of EBPPs. Examination of sub-themes within these domains was informed by interview question protocol guidelines utilized during initial data collection. Both coders then compared coding for any discrepancies in sub-theme analysis. Coded information about the Covid-19 pandemic and availability of EBPPs was then compiled and synthesized.

INSTRUMENTS

- Interview questions utilized in the larger, on-going study were designed by the PI and approved by Pacific University's IRB committee. These questions were utilized by coders to examine qualitative sub-themes in participant responses.
- Google Sheets was utilized by both coders to independently code themes from transcripts, compare findings, and synthesize data.

RESULTS

Covid-19 Coding:

- Telehealth increased access to diverse clientele and flexibility of service provision.
- Telehealth was viewed as "…opening doors..to do some of this work…that we didn't previously have access to" (Administrator) (see Table 1).
- Telehealth increased client engagement and "enhanced collaboration" between families and providers (Provider) (Table 1).
- Telehealth-only services negatively impacted EBPP implementation because (a) many clients did not have access to technology, (b) many EBPPs do not have virtual adaptation guidelines, and (c) families with young children did not do well with virtual formats.
- Many participants stated that "[Telehealth doesn't work for young kids" (Provider) and "…preferred if families came to in-person services." (Provider) (see Table 1).
- Participants did not feel supported during the pandemic due to having restrictive clinical policies, high expectations for virtual-only work, larger caseloads, and experiencing social isolation.
- Nearly all participants stated that Telehealth options and hybrid models should be utilized after the pandemic.

Availability Coding:

- Almost 3/4 (n=10; 71%) of participants worked in settings that provided EBPPs "always/daily/during each session", and other participants (n=4; 29%) worked in settings that did not "always" provide EBPPs.

CONCLUSIONS

The results of the current study provide strong evidence that many child and family community mental health organizations value and utilize Telehealth modalities to provide EBPPs following the pandemic. Notable barriers and obstacles to providing EBPPs mainly pertained to Telehealth-only models of service-provision, little information on how to adapt EBPPs to virtual formats, and a lack of support for clinical personnel. The results of the current study provide implications for the benefit of increasing research efforts to adapt curriculum and interventions to better fit hybrid treatment models.

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For citation references, please email: bell5916@pacificu.edu