EVALUATION OF THE TARGETED WALK-IN SERVICE PROGRAM OF CANADIAN MENTAL HEALTH ASSOCIATION WATERLOO WELLINGTON (PART I): EXPLORING THE INSIGHTS AND PERSPECTIVES OF MENTAL HEALTH SERVICE PROVIDERS

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EXECUTIVE SUMMARY

The Targeted Walk-In Service (TWIS) program was a unique intervention implemented from December 2017 to November 2018 by CMHA Waterloo Wellington (CMHA-WW). It was launched to reduce wait times and increase accessibility of services by collaborating with external service providers in the Waterloo-Wellington region (Chan, 2018).

Graduate students in a Program Evaluation Course at the University of Guelph worked in collaboration with CMHA-WW to create a program evaluation plan for TWIS (Cox, Bryant, and Moline, 2018). The plan involved a client satisfaction survey which was implemented throughout the duration of TWIS. The client satisfaction surveys had a very low response rate with approximately 20 surveys completed out of approximately 720 clients who participated in the program (Bechtel, personal communication, 2019).

Given the lack of data available from the surveys, CMHA-WW collaborated with the Research Shop, part of the Community Engaged Scholarship Institute (CESI) at the University of Guelph, to conduct a program evaluation that builds upon Cox et al. (2019).

It consists of two components; key informant interviews with TWIS service providers and a gap analysis (Davis & Rajendiran, 2019).

The current program evaluation seeks to accomplish four main objectives:

1. To understand the experiences of service providers within CMHA and community partner organizations who fulfilled various roles as part of the TWIS program.

2. To gain insight about how people who were part of TWIS felt the program addressed the waitlist problem and determine the impact of the program post-completion.

3. To identify what went wrong with the client satisfaction surveys and make suggestions for how survey uptake can be increased within the extreme mental health needs population in future programs.

4. To inform CMHA about the overall impact of the TWIS program and provide data that may assist them in improving quality and accessibility of adult mental health care.
This report will discuss the findings from the first component of the TWIS evaluation, i.e. key informant interviews. To address these four main objectives, graduate students from the Research Shop conducted nine key informant interviews with service providers who were part of the TWIS program. Overall, many key informants believed that the TWIS was effective in reducing waitlist times at CMHA and helped clients get professional help sooner. Many staff reported increased communication between CMHA and external counselling agencies. However, some of the staff members mentioned challenges in due to lack of clear guidance or expectations to take on TWIS work in addition to their employment responsibilities. In terms of recommendations, several informants mentioned that CMHA would benefit from having a full-time staff member to do triaging and manage waitlists for their various programs.

Service providers provided a variety of responses and suggestions to improve response rates of client satisfaction surveys. One suggestion was to have the therapists who have established rapport with the clients to request survey participation, while there was also a suggestion that the surveys should be collected by an unaffiliated third party. Many participants suggested that CMHA implement short feedback surveys that are available through multiple mediums (paper copies, online surveys, etc.).

**Limitation of Study:** Based on the limitations of not having a shared database system the information presented may not be completely reliable, however, the information that was recorded should be noted as valuable.

The literature review in the second part of the program evaluation addresses these recommendations and other suggestions to increase survey uptake amongst mental health clients (see Davis & Rajendiran, 2019)¹.

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¹ Davis, M., & Rajendiran, A. (2019). Evaluation of the Targeted Walk-In Service Program (TWIS) of CMHA – Waterloo Wellington (Part II): Obtaining feedback from clients in mental health services – a literature review. Guelph, ON: Community Engaged Scholarship Institute. [https://atrium.lib.uoguelph.ca/xmlui/handle/10214/8902](https://atrium.lib.uoguelph.ca/xmlui/handle/10214/8902)
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INTRODUCTION

Background
The Targeted Walk-In Service (TWIS) program was a unique intervention implemented from December 2017 to November 2018 by CMHA Waterloo Wellington (CMHA-WW). It was launched to reduce wait times and increase accessibility of services by collaborating with external service providers in the Waterloo-Wellington region (Chan, 2018).

Occupational Therapists and other staff members at CMHA-WW addressed the waitlist for adult counselling and treatment and reviewed client files to recommend a service plan to either be sent to an external counselling agency or remain on the waitlist for CMHA internal services. For instance, a client would be sent to an external counselling agency for low risk, short-term mental health needs such as family or individual therapy and counselling. A client would remain on the internal waitlist if they have extreme mental health needs and would require specialized, long-term care. By outsourcing to external agencies, clients with low risk need can more readily access service in their local community. Moreover, clients with high risk need are seen faster by CMHA Adult Counselling and Treatment. (Chan, 2018; Cox, Bryant & Moline, 2018)

A program evaluation plan was created by graduate students at the University of Guelph specifically for TWIS in collaboration with CMHA-WW (Cox, Bryant & Moline, 2018). In this plan, Cox et al. (2018) present a logic model, evaluation framework, and client satisfaction survey tools by which the program can be evaluated. In accordance with the evaluation plan, CMHA WW implemented client satisfaction self-reported surveys throughout the duration of TWIS to evaluate client process, client progress, and system process (Cox et al., 2018).

However, the client satisfaction surveys had a very low response rate with approximately 20 surveys completed out of approximately 720 clients who participated in the program (Bechtel, personal communication, 2019). Therefore, the feedback received via the client surveys would not be most representative of all the clients who had participated in TWIS.

Given the lack of data available from the surveys, CMHA-WW collaborated with the Research Shop to conduct a program evaluation that builds upon Cox et al. (2019) and to create a new strategy that will provide insight regarding client process, client
progress, and system process. In addition, the program evaluation will also seek to identify challenges with the client satisfaction surveys and how survey uptake can be increased within the extreme mental health needs population.

The overall purpose of this program evaluation is to provide CMHA with data that may assist to improve the quality and accessibility of adult mental health care offered. The results of this evaluation may further be used to inform best practices (both across CMHA sites and external mental health agencies) through knowledge dissemination via academia and the mental health field.

This program evaluation sought to evaluate three areas:

1. Client outcomes
2. CMHA system outcomes
3. Community partner outcomes.

The findings from the program evaluation will contribute to CMHA-WW’s development of a Client Community Experience Package that aims to capture the relationship between CMHA-WW, service providers, clients, and the Waterloo Wellington community as a whole.

The program evaluation consisted of two components;

1. Key Informant Interviews with Service Providers of the Targeted Walk-In Service Program
2. Literature Review – Obtaining Feedback from Clients in Mental Health Services

In this report, we will be presenting the findings from the first component of the program evaluation (Key Informant Interviews). The literature review will be presented in the second component.
METHODS

The key informant Interviews were conducted by phone with internal and external stakeholders involved with TWIS (i.e. Staff from CMHA WW and external Family Counselling Agencies). A list of service providers was provided by CMHA WW for the interviews.

Service providers who participated in the interviews verbally committed to a privacy agreement where they were asked not to speak to personally identified personal health information. Upon completion of the interview, a summary was prepared by the student researchers to send back to participants to ensure information was captured accurately. In addition, researchers wanted to provide an opportunity for participants to read through their notes and add or modify any information as needed.

Thematic analysis via hand-coding was used to analyze the interview data.

LIMITATIONS

The findings from the key informant interviews should be considered in light of the following limitations:

- This was an exploratory study looking at the perspectives of TWIS service providers. Therefore, the findings are qualitative in nature.
- We are missing the perspectives of the clients in our exploratory study. Due to not interviewing any clients of TWIS, we cannot confirm the accuracy of the service providers' perceptions on the client experiences of TWIS and participating in the satisfaction surveys.
- Due to the low response rates of the client satisfaction surveys, we are unable to make statistical comparisons between the narrative findings of the service providers and the surveys. Given the small amount of surveys completed, the findings would not represent all of the clients who participated in TWIS.
- There was a limited number of stakeholders who were interviewed for this study. In future studies, it would be best to interview participants from all stakeholder...
groups including clients, other organizations/partners in the community, funders, policy makers, and other relevant decision-makers.

- Based on the limitations of not having a shared database system, the numbers described by the participants are not completely reliable, however, the information that was recorded should be noted as valuable.

- Future data collection could be improved by developing a shared database system that ensures all sites and organizations are using a standardized data collection process with validated data collection tools.

**FINDINGS**

**Demographic of the Service Providers**

After reaching out to 11 service providers who worked either internally at the CMHA or at external family counselling agencies, nine service providers responded and participated in an hour-long phone interview to provide their expertise and insights on the Targeted Walk-In Service program. Four of the service providers were internal staff members at the CMHA (hereafter referred to as internal providers). The remaining five service providers were staff members at external family counselling agencies located both in Guelph and in the Kitchener-Waterloo Region (hereafter referred to as external service providers).

External service providers held administrative roles within their own agencies and were responsible for maintaining communication with CMHA regarding referral co-ordination and intakes.

Internal providers we had spoken to were responsible for overseeing the triage and referral processes for TWIS which included training new staff members on how to direct clients to either internal or external mental health services based on their individual mental health needs.

**Exploring the Perspectives of the Service Providers**

Service providers were asked questions relating to their role with TWIS to gain insight about the strengths and challenges about the program. In addition, service providers were asked about their thoughts on the client satisfaction surveys and their thoughts on how to increase survey uptake within the extreme mental health needs population.
The interview guide (please see Appendix A) had sections regarding client outcomes, system outcomes, and community partner outcomes. As a result, there were many themes that were identified by the service providers that relate to the client, system, and community partnerships. These themes will be discussed below.

**Insights on the Accomplishments of TWIS**

The following section highlights the perceived accomplishments of the TWIS program, as identified by both external and internal service providers.

- **Waitlist Reduction**
  - While the TWIS program sites in Guelph was not able to reduce the waitlist numbers, they were able to help more clients access services faster. Therefore, while the number of people on the waitlist may have stayed relatively the same throughout the duration of TWIS, service providers noted a perceived increase in the number of people who received access to mental health care increased by the end of TWIS.
  - The TWIS sites in the Kitchener-Waterloo Region (KW) perceived a reduction to their waitlist numbers. The reason that service providers noted for this difference between Guelph and KW is that there were more agencies and internal sites that were available for clients living in KW to go to than for clients living in Guelph.
  - As mentioned in the Limitations above, the above statements are narrative in nature and are not validated by centralized data.

- **Improvements of Interprofessional Care in the Guelph and KW Communities**
  - A few service providers noted that having increased communication and collaboration between CMHA and external Family Counselling Agencies led to increased knowledge about the services they each had to offer. This in turn led to having an increased ability in helping clients map out services that best catered to their needs and were also locally accessible.
  - All but one of the service providers noted that the referrals of clients to internal and/or external service providers was highly appropriate. The
clients were referred to appropriate mental health services based on the severity of their mental health needs.

- Improved Well-being for Clients
  - Four service providers reported that clients had decreased waiting times between their entry into the mental health care system and their next appointment as a result of increased communication between internal and external service providers.

**Insights on the Client Referral Process**

Participants noted that having good communication and continued support from CMHA played a key role in ensuring the referral process was understood across all stakeholders. It also ensured that clients were referred to services most appropriate to their mental health needs. A few challenges were noted as well:

- Client Burnout
  - Two service providers noted that clients have already faced system burnout and are tired of telling their stories multiple times and be sent in circles.
    - TWIS is helpful in alleviating system burnout with its ability to connect clients to services, but there are still long wait times for those with extreme mental health need. Clients with extreme mental health needs fall in Tier levels 4 and 5 and include diagnoses such as schizophrenia. (For more information on tier levels of mental health needs, please see Mental Health Commission of Canada, 2015). Clients with extreme mental health needs often require long-term service from internal providers at CMHA which has much longer wait times than for external service providers. Because their options are more limited, their wait times are longer.
  - One service provider noted that external family counselling agencies are most suited for clients who fall in Tier 1, 2, and 3 (diagnoses include depression, anxiety) and require therapy for a short term. Clients who fall...
under these Tiers have better access to appropriate mental health care because they are not limited to only internal service.

- **Lack of Funding Outside of TWIS**
  - A few service providers noted that clients who rely on TWIS to receive mental health care are most likely not able to afford care on their own. Because TWIS is not a long-term program, clients may find it difficult to sustain their care upon completion of the TWIS program.

**Insights on the Challenges Faced by Service Providers**

- **Balancing multiple roles and responsibilities**
  - One service provider felt that adding TWIS to an already extensive list of responsibilities was challenging. However, all participants noted they were okay to do the work if it meant clients were able to receive service much faster as a result.

- **Lack of sustainability of TWIS program due to lack of permanent funding**
  - TWIS was meant to be a temporary intervention to reduce waiting lists. However, five service providers noted that it becomes difficult to co-ordinate services for clients when they are able to one day, and not able to the next.
  - Four service providers mentioned that the mental health care system needs to have more funding to ensure clients are able to access services on a long-term basis as they long-term chronic mental health needs.
  - The inability to plan for future programming of TWIS due to unknown funding and resource availability is a challenge for service providers when trying to connect clients to services.
  - Not having enough sessions for clients referred to external agencies
    - The average client received between 5 to 7 sessions. This was not always adequate to meet mental health needs of clients.
Insights on the Triage (Referral) Process

While the triage process was considered to be good, there were a few challenges identified by both internal and external providers.

- **Lack of Guidance**
  - A few external service providers noted a lack in clarity in the Triage (or Referral) process as there was an initial delay in the implementation of the TWIS program.
  - There is a need to have a standardized system right from the beginning of the TWIS program.
    - There was a gap in communication between Internal (CMHA) and External providers. Participants noted the communication gap was mitigated by holding meetings with all agencies involved with TWIS and often by simply calling CMHA on the phone and asking for clarifications and guidance.
  - Four service providers felt there was an overlap between the Here 24/7 and CMHA Triage & Counselling Assessments; in some cases, they perceived this to lead to duplicate screenings and a slow-down of referral process.
    - Service providers noted this can be mitigated by talking to local staff.

Suggestions for the Triage Process

- **Implement a full-time Triage or Waitlist Person at CMHA**
  - This was the most frequent recommendation made by service providers.
  - They noted this would result in a streamlined referral process to external services. External services would also be able to reach out to one specific person regarding referrals.
  - One challenge with having only one person is that they would be responsible for building rapport with an entire client base. If that person
was away, it would be very difficult to bring a replacement up to speed on a client’s file and needs.

- **Systems approach**
  - Involving more than one person or department (such as a patient portal) ensures that the system would not break down if one stakeholder was away.
  - One challenge is creating a standardized approach and then ensuring that it is followed not just internally but by external partners as well. It is possible with increased communication between internal and external providers.

- **Having more agencies/ community services/ programs to refer out to, so as not to exhaust one or a few agencies.**
  - At the same time, do not want to overwhelm clients with too many options.

- **Having extra funding for increased sustainability of TWIS**

- **Streamline current referral process**
  - Avoid delay in implementation of TWIS by having a guide or protocol in place and understood by external partners prior to start of program.

- **Establishing open connections amongst the external family counselling agencies**
  - One participant who was an external provider mentioned it would have been helpful to know more about how other external agencies incorporated TWIS within their own organization. This can be done by
maintaining an open line of communication via regular meetings or check-ins.

**Insights on Client Satisfaction Surveys**

- Lack of communication regarding the surveys between CMHA and external family counselling agencies
  - Service providers did not play a direct role in the creation and/or administration of the surveys.
  - While external providers knew about them, most did not know what questions were on the survey nor how many clients had actually filled them out.
- Opportunities to collect surveys were lost in the referral/treatment process
  - Many service providers believed the survey should be administered after the client had started to receive service to reduce burden.
- Surveys may have been overly positive as clients were happy to be getting service to begin with.
- Surveys were not administered to clients who had dropped out.
  - Therefore, the surveys are not representative of all who were referred to the TWIS program.

**Suggestions by Service Providers to Increase Survey Uptake**

- Involve internal and external service providers in the design and implementation of survey
  - Having multiple perspectives can help ensure questions are suitable for clients.
  - Increases awareness amongst staff so they are able to raise awareness amongst clients.
• Having multiple methods to fill out the survey was mentioned as the most effective way to increase uptake. Below are methods mentioned in the interviews.
  o Focus Groups
    ▪ May result in more rich data from discussion
    ▪ Lack confidentiality and may lead to off-topic conversations
  o Phone survey may be able to reach clients who dropped out
  o Check-In after referral
  o Having someone (such as the therapist) walk through survey together with the client
  o Online surveys may be difficult for those with technological barriers

• Keeping the survey short and brief was also mentioned by most service providers.

CONCLUSION & NEXT STEPS

The majority of participants from both CMHA- WW and the external family counselling agencies noted that having a specific Triage position at CMHA- WW for managing waitlists would best streamline the service delivery of TWIS. This position would include:

• Helping clients navigate mental health care system.

• Brokering relationships with external agencies including family counselling agencies, community organizations, and other partners that connect populations to mental health services in local communities.

Most participants would like to see this program implemented to reduce other waitlists. However, it was mentioned that TWIS is not a permanent solution to long wait times. Sudden changes in funding and staff turnover are factors that can impact the service delivery of TWIS and therefore is not meant to be a long-term solution.

The information gathered from this study can be used to make meaningful changes to the TWIS to improve service delivery and implementation for both the staff who are responsible for the program and for the clients who use the program. Evaluation
findings can also be used as evidence to highlight results from the TWIS program when applying for grants and secure long-term funding.

Upon completion of the key informant Interviews, the findings were discussed with the service providers at CMHA – WW. It became even more apparent that there is a knowledge gap in understanding how best to obtain feedback from clients who have extreme mental health need. From the Key Informant Interviews, many recommendations were made to improve uptake of client satisfaction surveys based on first-hand experience.

The next component of this evaluation is to conduct a gap analysis that looks into the existing body of knowledge (literature review) on client satisfaction and mental health care. From the analysis, we can identify the best methods to obtain client feedback on mental health care and services in populations with extreme mental health need. These methods will have already been tried out by other academic researchers and/or mental health organizations. The findings from the gap analysis can be used to help narrow down and/or supplement the suggestions provided in the interviews.

REFERENCES


APPENDIX A: INTERVIEW GUIDE

Introduction

Hi, my name is [interviewer name] and I am a graduate student at the University of Guelph currently working with The Research Shop at the Community Engaged Scholarship Institute. I also have with me [other researcher’s name] who is also a graduate student at the University of Guelph who will be helping me take notes at our interview today. The reason that I have reached out to you is because your name was identified by the Canadian Mental Health Association Waterloo Wellington as someone who will be able to offer insight into the successes, challenges, and possible opportunities of the Targeted Walk-In Service (or TWIS) program.

To give you some background information, the Canadian Mental Health Association Waterloo Wellington has partnered with the University of Guelph’s Research Shop to conduct a program evaluation of the TWIS program. This program evaluation will involve the analysis of three main data sources: questionnaires that TWIS clients have completed, wait list times and number of clients on the wait list, and stakeholder feedback. The purpose of speaking with you today is to assist us with providing program feedback to assist with the TWIS program evaluation. It is our hope that this program evaluation will assist with improving the quality and accessibility of adult counselling and treatment services. The results of this evaluation may further be used to inform best practice through knowledge dissemination throughout academia and the mental health field.

As a reminder of the Privacy Agreement stated in the info letter, you may not speak to personally identified personal health information. Therefore, please do not speak to any information that would identify any clients. This interview is solely about the service delivery, implementation and evaluation of the TWIS program.

This interview should take approximately one hour. Do you have any questions before we begin?

General Information

1. To begin, tell me about your role as a _____ and how it relates to the TWIS program.
   a. How has (your organization) contributed to the TWIS program?
2. What have been some of the accomplishments you have seen since the TWIS was implemented at the start of 2018?

**Client Outcomes**

1. As part of the TWIS evaluation, CMHA has implemented surveys for clients to complete to get a better understanding of their needs and expectations of the TWIS program. Therefore, how has administering the surveys been?
   a. What have been some challenges with survey uptake by clients?

2. What are your recommendations to increase survey uptake by clients to ensure we get the most accurate representation of their voices in the TWIS evaluation?

**System Outcomes**

1. Since the initiation of the TWIS program, has your work experience changed? If so, how?
2. Describe any difficulties you have faced or are facing with your role in the TWIS program.
   a. How have you addressed these difficulties?
3. Are there any difficulties you see (or foresee in the future) in regard to the TWIS program?
   a. What strategies do you think would best address these difficulties?

**Community Partner Outcomes**

4. How would you describe the current client referral process?
5. On a scale from 1 to 10, where 1 is not appropriate to 10 is very appropriate, what number would you give to rate the appropriateness of the referrals, and why?
6. How would you describe your working relationship with CMHA/partner agencies since the TWIS program was initiated?
7. What would you like to see for the TWIS program a year from now? Five years from now?
Concluding Remarks

Thank you very much for your participation in this interview. Your insights will provide valuable information for this study. To ensure I’ve accurately captured the information you’ve shared with me today, I will be sending you a summary of your own interview. After, I will draft a summary of the findings from all the interviews with your permission on what findings to include. Feel free to contact me at any time if you have any questions, comments, or concerns regarding the study. Goodbye.