

Waterloo Wellington Crisis System Evaluation: Challenges, System Impacts and Enhanced Evaluation Capacity

J. Nandlal, E. Harder, L. Yuval, J. Botschner, P. Reeve, E. Procter, A. Brown

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Approach, Data Collection & Sources

- Elements of participatory action research
- Developed program logic model and evaluation framework with Regional Crisis Committee (RCC)
- Statistical data received from 4 community mental health agencies, 6 hospitals, and 3 police organizations
- Survey data from 73 providers (15 hospital, 33 mental health, 25 police)
- Interviews with persons with lived experience (n = 40) and family members (n = 35)
- Local reports, system documents (e.g., protocols, minutes of meetings) and publicly available statistics

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Key Findings

- Coordination – aligned with best practices; shift to preferred service pathways; more coordination needed
- Timeliness – delays at most points of entry to system
- Accessibility – crisis beds, crisis lines and mobile crisis services enhanced capacity; more crisis beds needed
- Comprehensiveness and Intensity – couldn't track an individual through the system

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Key Findings

- Recovery principles – recovery orientation from point of entry to crisis system; most PLE did not have a plan; gains made but more needs to be done
- Mental health staff – group most likely to report improvements in system
- No decrease in use of hospital ERs and policing services but MHA apprehensions decreased
- PLE and FMs – crisis not resolved or immediate crisis addressed but lack of appropriate follow up

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Challenges and Lessons Learned

- Building consensus among stakeholders (mental health providers, police, consumers, planners)
 - Adoption of recovery focus
 - Agencies begin by prioritizing their own goals and activities – movement from agency integrity, control and autonomy to mutual accountability
 - Building trust

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Challenges and Lessons Learned

- Identifying and addressing data issues
 - Different processes of approval for accessing data from various organizations
 - Evaluability assessment - Completed spreadsheet identifying data collected by all organizations – identifying common data collected, ability to follow individuals as they move within the crisis system
 - Data not on same metric across agencies (especially those funded by different ministries)
 - Agencies not resourced for ongoing data collection
 - RCS as a system undergoing change while being studied

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Challenges and Lessons Learned

- Knowledge exchange within the project
 - Benefits of having members of RCC on research team
 - Research knowledge gained by system
 - Enhanced confidence in findings
 - Formative impact of project continues with ongoing engagement of RCC

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Impact of Research Partnership on the System

- Working on the system-level evaluation has led to:
 - Enhanced working relationships between partners
 - Better understanding of purpose of evaluation
 - Increased inter-agency understanding of data collection methods and indicators

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Post Evaluation: Steps Taken by the Regional Crisis Committee

1. Findings from report and two knowledge exchange events compiled to develop a list of key indicators
2. Used the evaluative dimensions from the evaluation study to develop a fidelity scale for self assessment
3. Scale used in a planning day (Feb '09) to establish baseline ratings on dimensions and set priorities/targets
4. RCC was restructured to support priorities, including developing an evaluation/monitoring working group
5. Lines of accountability established with the LHIN-wide Addictions and Mental Health Core Action Group

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SYSTEMS
IMPROVEMENT
EVALUATION
INITIATIVE