Increasing Access to Mental Health and Addictions Services

Parkdale Community Health Centre

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Disclosure of Commercial Support

Presenter Disclosure

Presenter: Bronwyn Underhill and Shirley Roberts

Relationships with commercial interests:

- **Grants/Research Support:** None
- **Speakers Bureau/Honoraria:** None
- **Consulting Fees:** None
- **Other:** None

Agenda of presentation

- Introductions to experiences of the group
- Introduction to MHA concerns at PCHC
- Change management processes
- Access Team description
- Evaluation findings and reflections
- Next Steps
- Group brainstorming

Check in

What counselling services do your agencies provide?

Intro to Issue

- Large team of counsellors (9) working at 2 sites
  - Transition of a new women's program (satellite location)
  - Inconsistent processes for intake, access, screening, roles and responsibilities, eligibility, wait times, referrals
- South Toronto Health Link identified MH/A services as a priority focus
- Community was unaware of MH/A services available at PCHC

Resources Available – MH/A

- 9 counsellors/social workers
  - 6 funded through Toronto Central LHIN
  - 2 funded through Ministry of Community and Social Services – Violence Against Woment
  - 1 funded through CATCH-ED
- 1 Harm Reduction Team Lead
- 1 Client Support Worker

Pre- and Post-Access Program

Issue	Pre	Post
Waitlist	Waitlist at satellite, not at main site	No waitlist
Intake to counselling	Satellite: Formal system with case assignment meetings Main: Booked through medical secretaries	All intake through Access team
Team meetings	Satellite: monthly team meetings for satellite counsellors Main: counsellors integrated with clinical	Monthly counselling team meetings
Staff composition	9 FTEs for counselling/social work	9 FTEs for counselling/social work

Change Management Processes

- Consultant engaged
- Convened a multidisciplinary MH/A group– including staff not directly related to counselling
- Main goal: clear client pathway to, and use of, MHA services
- Smaller working group: Counselling team developed idea of rotating "intake" for MHA services
  - Reported back to larger group
  - Developed manual for process
- Piloted first process over six months
  - Access Team Rotation
  - Monthly counselling team meetings
- Evaluated pilot to make adjustments over next six months

Access Team: Program Objectives

- To increase access to mental health & substance use programs
- To reduce wait lists
- To provide all clients with a consistent and seamless service experience
- To use a consistent intake process
- To engage with clients
- To address crisis needs when the client presents in crisis
- To use brief screening tools that reliably identify clients requiring additional assessment and/or referrals
- To connect clients to the right service as soon as possible
- To improve community's understanding of PCHC and its services – **to be developed**

Access Team: What it looks like

- Counselling team members rotate one week on “Access”
  - Centralized, prompt response to MH/A referrals
  - Expectation that calls are returned within 2 business days
- Access team member
  - Performs quick assessment and refers as appropriate
  - Limits the number of their own client appointments
- Clients are seen in person or over the phone
- All counsellors keep one appointment/week open for new clients
- Monthly case conferencing sessions with all counselling team members

Results of Pilot Evaluation (5 months)	
Measures	Results
Total # unique clients seen – Access Team only	202 (includes ineligible clients)
Total # new clients seen by the Counselling Team	122
Total # of ineligible clients seen by Access Team	~50

Results of Pilot Evaluation (5 months)	
Measures	Results
Total # of clients referred by Access Team to Counselling Team	92
Number of referrals by Access Team counsellor to self	48
Number of clients referred to other PCHC programs and services	9
Average wait time for first ongoing counselling session (post-Access)	10 business days

Results of Pilot Evaluation (5 months)	
Measures	Results
Total # of encounters – Access Team work only	412 + ineligible client encounters
Total # of encounters – Counselling Team	2038 + ineligible client encounters
Average # of counselling appointments per clients (with counsellor)	3.98
Average # of counselling appointments per client (with Access Team)	1.37

Results: Socio-demographic Data of Access Clients					
Indicator	Measures		Indicator	Measures	
Sex	Female	72%	Income	$0 – $14,999	45%
	Male	27%		$15,000 - $24,999	16%
	Unknown	<1%		$25,000 - $59,999	16%
Gender	Female	73%		$60,000+	5%
	Male	24%		Do not know	12%
	Trans	<1%		Do not answer	7%
	Unknown	<1%	Homeless	Homeless	20
	Other	<1%		Shelter	1
				Other (temporary)	2

Results - Review of Data (5 month evaluation)

- 75% of eligible clients seen by the Access Team were referred for internal counselling
- The number of referrals received by each counsellor varied greatly; ranging from 4 - 23
- Most Access Team members tended to refer to themselves
  - 3 Access Team members received 52% of all ongoing referrals
- Wait times for first counselling appointment varied between 1 day and 35 days; the average is 10 days
  - # of encounters with a counsellor ranges from 1 – 26; the average is 3.98 sessions
  - **We do not have information about mental health, substance use, trauma or other presenting issues - not enough information to understand the complexities**

Results - Client Perspectives

- At this time we have feedback from 13 clients – this feedback was collected during the first month of the pilot

	Strongly Agree	Agree	Disagree	Strongly Disagree	NA
I was able to get an appointment with a counsellor when I needed one	11	2			
As a result of the service I received I have information that will help me to improve my health and wellbeing *	1	3			
As a result of the service I received/counselling service, I have a plan in place to address my needs	5	7			
I am satisfied with the service I received	9	4			

* 2 versions of the Card were used and this question was omitted from some of the cards.

Results: Staff Survey (20 respondents)				
	Strongly Agree	Agree	Disagree	Strongly Disagree
Existing clients have improved access to PCHC counselling services and programs	30%	70%	0	0
Community members (not existing clients) have improved access to PCHC counselling programs and services	50%	40%	0	0
PCHC clients are able to quickly have their immediate mental health/substance use concerns addressed	40%	55%	0	0
The process for referring clients and community members to mental health and substance use programs and services is better/more clearly understood by staff	5%	70%	10%	0
The process for referring clients to mental health and substance use programs and services is more consistently applied by staff	15%	70%	5%	0
Client crisis are better managed	25%	60%	5%	0
Mental health and substance use programs and services are more client centered/responsive to client needs and preferences	30%	50%	0	0

Results: Feedback from Counselling Team

- Access project brought to light other issues related to counselling at PCHC
  - Models of counselling
  - Clarity around internal/external referrals
  - Team dynamics/team building
  - Length of time in counselling for each client
  - Discrepancies in caseloads (both in terms of complexity of clients, and total # of clients seen)
  - Role of groups vs. individual counselling
  - Clarification of each team member's role within the larger counselling team
- Balance between Access work and regular caseload was a challenge for counsellors on rotation
- Request for one full-time staff member to take on the Access work rather than rotate

Summary of Findings

- The Access Program is Relevant
- The Access Program is Effective
  - Increase in new clients
  - Elimination of waitlist
- The Access Program is Efficient
  - No new resources were used
  - Not all processes understood/used consistently
- Sustainability?
  - The Access Team workload increased compared to overall Counselling Team
  - Need to review overall counselling program

What we have Learned

- Need for…
  - An integrated and comprehensive counselling program
  - Clarification of processes including caseload management
  - Clarification of roles and responsibilities, including program supports for team
  - Better communication and accountability amongst all staff, counsellors and access team members

Reflections: Change Management Process

- Important to involve a number of stakeholders in early days
- Possible to make large shifts in a program or service without any additional resources
- Staff satisfaction with a change is as important as client/funder satisfaction
- Making adjustments to a service is best when supported by an overall strategic framework for change

Next Steps

- Ongoing Access Team service provision
- Review of counselling case loads
- Review and development of entire PCHC counselling service
  - Complement of counselling models
    - Including single session, group readiness for counselling programs
  - Sustainable option for centralized assessment and referrals
  - Staff training
  - Strategic planning and team development

Questions?

Your Feedback

- Recommendations for next steps at PCHC
- Recommendations on how to learn from this process for other agencies

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