wellkin
CHILD & YOUTH MENTAL WELLNESS

Walk-In Counselling Mental Health Services—Study

March 2019

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ACKNOWLEDGEMENT

The Wellkin Walk-in Counselling study was made possible through funding and support from our community partner, United Way Oxford.

The Walk-in Counselling study was one of the key recommendations from Wellkin's 2017 Organization Review. The intent of the study was to better understand the mental health needs of the children, youth and families that we serve and to align our clinical response with the Wellkin Mission Statement: Wellkin improves the mental health and quality of life for children, youth and families by delivering a continuum of effective services.

Wellkin is the Lead Agency (and the only agency outside of London) for children and youth mental health services in the Oxford area. With our headquarters located in located in Woodstock, our service area covers a very large, rural/urban geographic area and we have strategically placed satellite offices in Tillsonburg, St. Thomas, Ingersoll and Aylmer to improve access to our services. The clinical, structural and technological recommendations that resulted from the Walk-in Counselling study will positively impact our entire service system.

On behalf of Wellkin, I would like to extend our sincere appreciation to United Way Oxford for helping to make this study a reality.

Mamta Chail

Mamta Chail
Executive Director

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Executive Summary

In 2018, Wellkin commissioned two studies to be conducted by an independent consulting firm, Whitesell & Company, Inc., that focused on the following dimensions of the Wellkin operations in Oxford and Elgin Counties:

1. Walk-in Counselling
   Mental Health Services
2. Primary Care Physicians
   Pathways to Mental Health Care

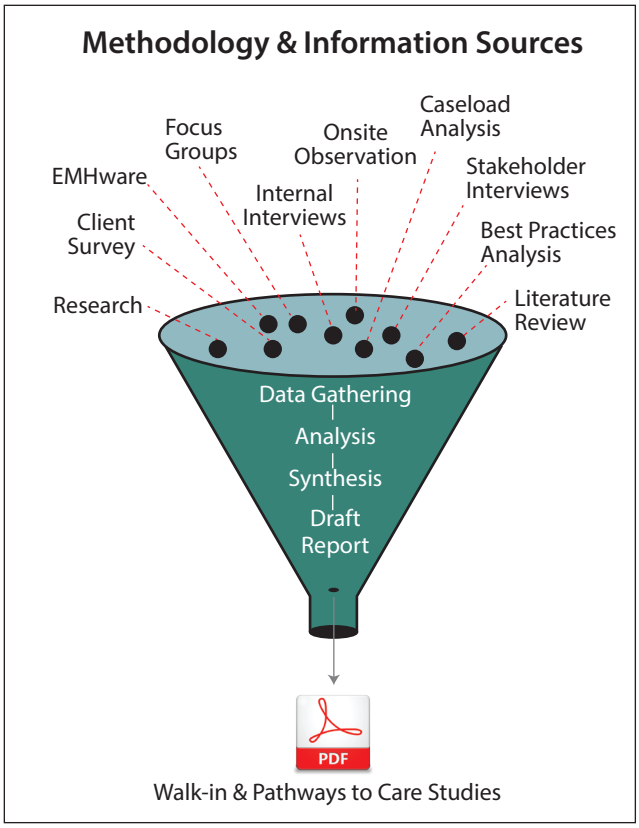
Dr. John Whitesell was the lead consultant for both of the studies and is the primary author of this report. The studies began as concurrent, independent initiatives during the first quarter of 2018 but, over time, it became clear that there was significant overlap that directly impacted clients and how they accessed mental health services.

This report focuses on
Wellkin Walk-in Mental Health Services.

The Walk-in Study was conducted between April and September 2018 with an intensive, onsite examination of the walk-in services in Woodstock and St. Thomas from May 17 to August 16. The study included a review of client service standards, intake workflow processes, referral management, scheduling, caseload analysis and communication protocols. *Figure 1* is a graphical overview of the various sources of information and methodologies that were used to conduct the study.

The Walk-in Study was one of the recommendations from the organization review that the consultant conducted in 2017. Wellkin management and staff were actively involved and supportive of the walk-in study process and, during meetings and presentations, they demonstrated their commitment to discussing new approaches and finding ways to improve the mental health outcomes for the children, youth and families that they serve. As an example, one of the recommendations from this study has already been implemented. The Clinical Supervisors in St. Thomas and Woodstock have been designated as the Team Leads during walk-in hours. This change has resulted in accelerated triage and reduced client wait times.

Figure 1



There were multiple initiatives underway during the study period that included enhanced training in the interRAI Child and Youth Mental Health Screener (ChYMH-S) and interRAI Child and Youth Mental Health (ChYMH) Assessment for therapists and staff as well as updated ASIST training for frontline intake staff.[1] [2] A study was also being conducted to determine the efficacy and impact of Wellkin group programs during 2018 and it will continue through 2019. The group programs will have embedded evaluation in the future and will provide Wellkin therapists with additional referral paths for their clients.[3]

1 https://catalog.interRAI.org/ChYMH-child-and-youth-mental-health-assessment-form-and-users-manual and https://catalog.interRAI.org/ChYMH-S-manual
2 bit.ly/ASIST_LivingWorks
3 The groups study was led by Dr. Tara Bruno from King's College, Western University.

The following 10 recommendations from the Walk-in Study will be described in more detail later in the report:

1. Develop and Implement the New Clinical Strategy
2. Implement a modified and tailored version of the CAPA Therapist Protocol — Corrective Action, Preventive Action
3. Design & Implement a Universal Consent Form for Clients
4. Complete Groups Evaluation Study
5. Designate Walk-in Team Leads
6. Enhance Internal Communication Technology & Processes
7. Improve Client Communications
8. Restructure Reception Area in Woodstock
9. Pilot Extended Walk-in Days/Hours
10. Implement Lean Six Sigma Training & Methodology

The final recommendation is to implement Lean Six Sigma training and methodology.[4] This recommendation will have the most impact on Wellkin in the long-term as the organization internalizes a proven approach to quality service and processes. Lean Six Sigma has its roots in Kaizen which is Japanese for change and improve and has been translated as continuous improvement in North America.

4 bit.ly/LeanSixSigma_MentalHealth

Lean is a set of operating philosophies and methods that when applied through a collaborative team effort, help create maximum value for clients in mental healthcare by reducing process waste, decreasing wait times and improving quality. It emphasizes the consideration of the client's presenting needs, intake engagement, therapist involvement, accurate data collection and timely communication. The elimination of waste in systems, workflows, practices and protocols has been demonstrated to improve client outcomes by removing barriers and providing a seamless client experience.

The Lean Six Sigma philosophy has been used by the Ministry of Health and Long-Term Care (MOHLTC) for many years so Wellkin will be aligned with this quality improvement approach. Wellkin was transferred to MOHLTC on October 29, 2018.

All of the recommendations from the Wellkin Walk-in Study are client-focused. These changes are designed to improve mental health outcomes for children, youth and families by providing a full range of high-quality, therapeutic modalities in a safe environment.

Methodology & Analysis

The Wellkin Walk-in Study was initiated because of several factors that included general observation of walk-in processes by the consultant during the 2017 organization review, reports from therapists about staff shortages and maximum caseloads in the face of increasing client volume and client feedback regarding wait times. From the consultant's perspective, there were major inconsistencies in clinical supervision, variations in crisis response protocols and differences with intake workflow processes and data capture in the two counties.

According to the Mental Health Commission of Canada, an estimated 1.2 million Canadian children are affected by mental illness. Wait times are not tracked consistently but in some parts of Ontario, it can take 18 months or longer to receive care from a mental health professional or agency. This isn't just in Ontario. Parents across Canada have reported their children are waiting months to access the appropriate mental health care.[5]

The funding for mental health care has traditionally been divided into silos that were never designed to work together. The funding came from three different government bodies: the Ministry of Education funds school-related programs and services; the Ministry of Child and Youth Services funds community-based treatment programs; and, the Ministry of Health funds primary care doctors. Up to the time of writing, the programs for mental health under each of these umbrella organizations didn't always share data or coordinate services. This is changing. Wellkin is transitioning to the Ministry of Health and Long-Term Care and this will remove a major obstacle to the provision of consistent, high-quality community mental health services. Those administrative and funding changes are critical but it's even more important to ensure that the client experience is designed for optimal mental health outcomes.

5 bit.ly/MentalHealthCommission

Walk-in Observation & Survey

The foundational component of the Walk-in Study methodology involved direct observation and data collection. The consultant was present to monitor walk-ins in Woodstock and St. Thomas on 10 mornings in each location — Tuesday and Thursday, respectively — between May 17 and August 16, 2018. There was a total of 26 walk-in days during that period.

> *We constantly hear about the various ways in which it is hard for young people and their families to access mental health services because of long wait times, restrictive service hours, distance or transportation barriers, lack of appropriate services, confusion and a range of other challenges.*
>
> *Kim Moran, CEO*
> *Children's Mental Health Ontario (CMHO)*

The study involved a critical look at the Wellkin walk-in services using impact analysis that focused on people, process and technology. People include clients, reception/intake staff, support staff, therapists and management. Process involves the workflows associated with walk-in services such as intake, data capture and input and the steps/time involved between clients walking through the door to the point when they are discharged. Technology includes (but is not limited to) the following: clipboards that clients use to complete forms, the EMHware database, the therapists' iPads/notebooks and communication channels and protocols among staff and with clients.

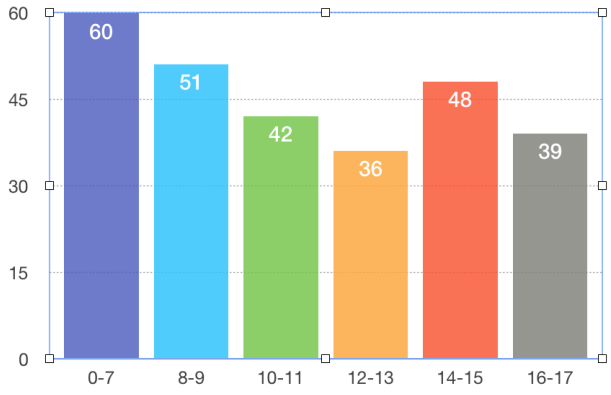
During the study period, there were six therapists in St. Thomas responding to clients during walk-in hours with eight therapists in Woodstock and an additional therapist from the Youth Justice Program assisting in Oxford.[6]

6 St. Thomas had seven therapists until approximately late June when one of the therapists left on maternity leave.

There were a total of 126 clients served in St. Thomas and 144 clients served in Woodstock. An additional six clients accessed Wellkin services from other counties for a total of 276 clients in both walk-in locations. *Figure 2* is a breakdown of the client age ranges from both locations. The distribution between the genders was nearly equal with 137 female and 126 male and 13 clients who were not identified based on gender.

Figure 2

Walk-in Clients — May 17 to Aug 16, 2018



Average Age — May 17 to Aug 16, 2018

AGE RANGE	# CLIENTS
0-7	60
8-9	51
10-11	42
12-13	36
14-15	48
16-17	39
TOTAL	**276**
AVERAGE AGE	**16**

There were 62 client referrals to community partners following discharge (22.5%) including primary care physicians and Woodstock General Hospital. A 19% increase in clients (n=45) was experienced in 2018 compared to the same period in 2017.

The average client age was 16 during the study period but this can be a little misleading based on the age distribution in figure 2. There were 189 clients (68%) up to and including age 13 (pre-teen) while 87 clients were teenagers. This data can inform the design and planning for future groups with respect to client volume and availability. The need for early parenting programs also requires further inquiry. The efficacy of the current parenting program has been assessed and is acceptable. The groups study that is being conducted by Tara Bruno, an Assistant Professor from King's College, is focused on children and youth. The study will address issues with current programming and identify opportunities to fill service gaps.

An online client survey was deployed during this period and clients were asked to participate during the intake process.[7] The purpose of the survey was to gather client reactions to the Wellkin reception and intake process as well as their experience with the therapist interactions. The 10-question, 5-minute survey was anonymous and confidential. Of the 276 clients who accessed walk-in services between mid-May and mid-August, 136 (49%) returned the forms to reception that stated whether they would participate (or not) and 27 clients or a member of their family (19%) completed the online survey.[8]

Wellkin is implementing the Ontario Perception Of Care (OPOC) client survey tool in early 2019 as a pilot study. This comprehensive client feedback system is a prelude to the agency becoming part of the Ministry of Health and Long-Term Care on March 31, 2019.[9]

7 See Appendix A for online survey questions.

8 A 15-20% response rate to client feedback surveys is considered to be an acceptable sample for the population being surveyed. There were survey responses from 10 youth and 17 parents or guardians.

9 This is a pilot only. OPOC is being piloted in 13 CYMH agencies during the month of February 2019. Only 2 Core Services are included in the Wellkin pilot – Intensive Services – including Pittock and IFS. Additional information about the OPOC client survey tool: bit.ly/OPOC_Survey

The majority of survey respondents (77%) found that Wellkin receptionists were friendly and helpful but less than half (46%) said that the amount of time required to complete consent and other forms was acceptable. Clients didn't find the waiting rooms very comfortable and there were specific comments about the lack of privacy. Considering that most clients who access walk-in services are experiencing stress, only 23% felt that they had to wait too long for a therapist to meet with them. Clients responded positively (76%) to the statement, "My Overall experience with Wellkin Walk-in Services met my expectations."

> *It is difficult to feel you are in crisis and sit in a common space to wait. You take on other families [sic] energy/ stress when you are waiting together. Would prefer a wait area that provided cubicles or separation choices.*
> *Walk-in Survey Respondent*

Twenty-one of the survey respondents (78%) had visited walk-in services at least once before with six clients accessing mental health services three or more times prior to the study period. Six clients accessed walk-in for the first time.

Wellkin began a new branding initiative in June 2017 during the Annual General Meeting and the new name was unveiled at the AGM in 2018. *Figure 3* captures the referral sources that respondents cited in the walk-in online survey and it demonstrates the broad-based recognition of Wellkin in the counties by other community agencies and institutions. Other sources of referrals included: CPRI, London agency specializing in autism and people from other community agencies that specialize in mental health.

During the Walk-in Study, there was a community initiative to map mental health services in Oxford County and the results reinforced that Wellkin has increased its brand and service awareness in the community over the past two years.[10]

Figure 3

How Did You Learn About Wellkin Walk-in Services?

REFERRAL SOURCE	# RESPONDENTS
Wellkin Website	4
Social Media	3
Family / Friends	5
Primary Care Physician	3
School Social Worker or Teacher	7
Community Agencies	4
CMHA	2
Police / Justice System	2
Hospital	2
Other (Specify)	6

One of the issues that was identified during the walk-in observation was that clients felt helpless if they were trying to access mental health services but were unaware that Wellkin is legally bound to observe custody agreements for underage children. This is a complex issue and it is exacerbated by the stress that families experience during these difficult times. Based on the consultant's observation, the Wellkin therapists are experienced and skillful in handling these situations. But it would be helpful to establish a specific protocol to ensure that children are being helped — regardless of the legal status of their parents. The recent implementation of Team Leads during walk-in days will definitely help clients navigate the system and it's critical that these conversations are conducted in private and away from reception/intake.

> *…[Wellkin] refused to serve us because we didn't have a custody agreement, was given a different message from staff every time we tried to access services. Don't deny children and parents when they need the support the most. Don't assume because they have professional background that they can handle everything as a parent and not need the help. The forms are too long, I can't sit and fill them out while my child is in crisis as I need to be managing them.*
> *Walk-in Survey Respondent*

10 The community services mapping initiative was conducted by Maria Sánchez-Keane, MBA from the Centre for Organizational Effectiveness.

Wellkin Reception/Intake

The staff facilitating Wellkin reception and the intake process were very effective with the children, youth and families who were accessing the walk-in services in both locations. Clients (80%) responded that the receptionists were "friendly and professional" in both locations although a little less than half of the clients (46%) responded well to the considerable amount of paperwork that needed to be completed before they were able to see a therapist. The client responses in *figure 4* capture their experience with reception and intake.

Intake is one of the most important "touch points" for Wellkin walk-in services because clients are experiencing varying degrees of stress and several are in crisis, including experiencing suicidal ideation. During the preliminary reporting for this study, the Clinical Director reinforced the skill set of the reception/intake staff by recommending mandatory Safe TALK training so that they could be proactive in crisis situations.[11] Wellkin staff have the demonstrated ability to help clients acclimatize to the clinical setting in preparation for seeing the therapists.

11 Applied Suicide Intervention Skills Training

Generally, 60-65% of clients access walk-in during the morning hours and the clients showing up in the afternoon cluster near the closing hours since they are arriving after the schools close for the day or at the end of the working day for clients. Some clients have to return the following week due to the limited time and availability of therapists.

The consultant observed three incidents when clients and/or their families were not responding well during the time that they were onsite at Wellkin. A review of staff and client safety protocols was immediately conducted and updated. Safety continues to be a priority and it is expected that additional changes will be made in early 2019.

The intake workflow processes vary between the two locations and while there is an opportunity for standardization and improved efficiency, the consultant found that the staff were very effective in capturing the salient information from clients and inputting the data into EMHware. The amount of paperwork that clients need to complete prior to seeing the therapist is rather onerous when they are experiencing stress and, once again, there is an opportunity to breakdown and streamline the process through the clients' experiential lens.

Please tell us about your experience with Reception/Intake the last time that you accessed the Wellkin Walk-in Services. Check all that apply.

Reception / Intake - Client Feedback

Figure 4

Survey Questions	% Responses	# Responses
1. Reception was friendly and professional	80	20
2. The amount of time that it took for the intake process - forms, explanation of next steps, etc. - was acceptable.	46	12
3. I/we were dealing with a crisis situation and Reception helped to expedite the intake process.	12	3
4. I/we had to wait too long to meet with the Therapist.	23	6
5. The time that we spent waiting for a Therapist was acceptable.	58	15
6. The waiting room was comfortable.	46	12
7. I/we had to return to the Walk-in Services because there were too many people accessing assistance that day.	15	4

Communication between reception/intake and the therapists is sub-optimal. Face-to-face exchanges of information between intake and the therapists is important for clarification of complex cases but not under usual circumstances. Technology can be used to expedite the exchange of information through the EMHware system, texting and secure intercom. Both offices have large footprints so physically moving from one point to the next to gather information that is readily available through technology wastes time, results in fatigue and keeps clients waiting longer.

The physical reception space in St. Thomas is better than Woodstock and more client-friendly. Access to reception in Woodstock crams clients into a small space while staff use the hallways in both direction as conduits to other parts of the building. Privacy is jeopardized and the crowding does not feel "safe" for clients in depressed and/or anxious states. A physical redesign of reception and the client waiting area would be ideal and an interim, workaround solution would involve the Team Lead acting as a concierge to perform triage and expedite the intake process. This direct contact will help distract clients from the "tight" physical space. Also, staff can access the building through other entry/exit points and be instructed to avoid the reception area during walk-in days.

> *I honestly can't thank you enough. It was a one-time session but it really gave my daughter perspective.*
>
> *Walk-in Survey Respondent*

Wellkin Therapists

The consultant observed the Wellkin therapists "huddling" prior to engaging clients at the beginning of the walk-in days. The preparation involved discussions about repeat clients who were expected to come to the walk-in, crisis situations, clinical updates and other information that would help the therapists during the day. This approach has been modified with the Clinical Supervisors functioning as Team Leads during walk-in. In both Woodstock and St. Thomas, the therapists have a lunch ritual on walk-in day. A staff member is designated to prepare a lunch and all of the therapists sit down for an update and to discuss their strategy for the afternoon.

The survey question in *figure 5* that focused on the therapists revealed that most of the clients who responded to the survey appreciated the therapists' approach to their presenting issues. The majority of the respondents were repeat clients but currently the walk-in protocol does not guarantee that clients will be matched with the therapist that they saw on a prior visit. There needs to be a better understanding about those clients who felt that they were not helped by the experience with the therapist or that they didn't feel any better or worse as a result of the professional interaction. This information could be gathered through a short, post-therapy session survey when the client is checking out of walk-in. For instance, the reason for not feeling better or felling no better or worse could be attributed to the fact that the client was referred to another mental health or primary care resource — but it's important to verify to improve the quality of service.

Please tell us about your experience with the Wellkin Therapist during my/our visit. "Issues" include symptoms such as depression, anxiety or other indicators related to feeling and/or acting unwell. Check all that apply.

Therapists - Client Feedback

Figure 5

Survey Questions	% Responses	# Responses
1. The Therapist was friendly, professional and helped me/us feel comfortable.	65	17
2. The Therapist listened well and "heard" me/us.	62	16
3. The Therapist understood the "issues" that brought me/us to Wellkin Walk-in Services.	58	15
4. The Therapist offered me/us useful treatment options or behavioural changes to help resolve the issue(s).	46	12
5. I/we clearly understood the next steps to resolve the issue(s).	46	12
6. I/we felt a little better after the meeting with the Therapist.	46	12
7. I/we felt no better or no worse after the meeting with the Therapist.	19	5
8. The Therapist did not help me/us address the issue(s) that brought me/us to the Walk-in Services.	19	5
9. I/we were advised by the Therapist to attend more one-on-one counselling sessions.	42	11
10. I/we were advised by the Therapist that attending group sessions would be helpful.	27	7
11. I/we were given "tools" by the Therapist to deal with the issue(s) and advised us to return to Walk-in if the issue(s) persist	46	12
12. I/we were asked by the Therapist to participate in a Tele-Psychiatry session.	4	1
13. I/we were referred by the Therapist to a hospital or another community agency.	15	4

The study also included a detailed look at what transpires beyond the waiting room when the therapists meet with their clients. This analysis moved beyond the transactional nature of providing crisis mental health services in response to clients accessing walk-in to a longer-term view of Wellkin's clinical capacity to work with clients who require more therapy than can be provided during a single session. To achieve this next level of inquiry, the therapists were asked to provide a breakdown of their caseloads for the three-month study period using EMHware.

Following the submission of their caseload data, focus groups were facilitated with the therapists in both locations to discuss their caseloads, challenges and suggestions for change. The following is a caseload profile that was curated from the data submitted by the 14 therapists:

- 284 active clients
- Caseload range of 6 to 32 clients per therapist
- Average therapist caseload approximately 20 clients
- 63 (22%) of the clients were designated as "low severity"
- Most clients to be discharged in 1 to 12 months

The therapists were all concerned about clients who become dependent on their services and most had specific approaches to encourage disengagement and discharge. There were also situations cited where clients are approaching the point of aging out of care but there are no appropriate referral targets for

some clients continue to be served by Wellkin. There are discrepancies in the disengagement protocols between the two locations as well as the therapeutic modalities. With 22% of the overall caseload being comprised of low severity cases, there is an opportunity to provide services for moderate to severe cases by diverting low severity clients to appropriate group therapy or to provide better tools for self-care. The new Clinical Strategy will be completed by March 2019 and these issues are expected to be addressed through a 3-year plan. Implementation will begin in April 2019.

The caseload data analysis also included therapists' client notes. The Wellkin therapists are professional, talented and the survey feedback substantiates that fact. But there was a significant issue with their client notes that needs to be remedied. We can torture the data until they confess but there is no substitute for contextual notes based on the direct observation of the therapists. To be fair, up to this point in time, there has been limited direction or protocols about the recording of the specifics of their client interactions and recommendations for the next steps on the therapeutic path. Client context is critical and that is what is provided with precise, structured client notes. An enhanced approach to notetaking will also improve the quality of the client experience when repeat walk-in clients interact with different therapists and a record of their previous visits is captured in EMHware.

> *Not everything that counts can be counted; not everything that can be counted counts.*
>
> *W. Bruce Cameron, 1963*
> *An Introduction to Sociological Thinking*

There is a range of age, experience and clinical training among the therapists. During the majority of the study period, there were 15 therapists at the two locations and 13 were female. The treatment modalities that were applied with clients included CBT, interpersonal therapy, exposure therapy, psychodynamic psychotherapy, DBT, circle of security, parenting support, positive psychology, compassion-focused therapy, strengths-based treatment and trauma-informed therapy.[12] These modalities used a case management model for ongoing treatment and were used with individual clients, families and in group sessions. Some therapists utilized the Good Lives Model and mindfulness-based stress reduction (MBSR).

EMHware has an expansive list of treatment modalities that can be used with clients but there appeared to be clusters of treatment preferences that were selected by the therapists. The study did not include direct observation of client and therapist interactions. The Wellkin Clinical Director has been developing a clinical strategy that will be introduced in early 2019. The consultant facilitated two focus groups with the therapists to discuss the following questions that will help inform the strategy:

- What are the most effective treatment modalities for clients?
- How long is "too long" for a client to be in ongoing therapy with a Wellkin therapist (without referral, discharge or clinical supervisory consultation)?
- What is the balance between the number of clients on a therapist's caseload and the level of severity and frequency of sessions?

The therapists' use of the Ontario Telehealth Network (OTN) technology during the study period was "uneven" from therapist to therapist. This can be attributed to a number of random factors including how appropriate it was to use OTN based on their clients' presenting needs. Based on the client survey, only one client used the tele-psychiatry technology. The use of this important therapeutic technology in specific situations needs to be emphasized since this approach can help alleviate caseloads and, in some cases, provide alternate treatment paths for clients. Also, the OTN logbooks need to be integrated into EMHware with specific guidelines regarding information capture.

12 CBT: cognitive behaviour therapy; DBT: dialectical behaviour therapy

Child and youth mental health therapists are facing different challenges with their clients than existed just 10 years ago. The introduction of the smartphone and, specifically, the Apple iPhone in 2007 was the inflection point for society. For Generation Z (born between 1995 and 2015), the world opened up and shutdown at the same time as young people's screen time dominated their waking hours. The new technology came at a devastating cost to the mental health of children and youth as the dramatic increase in the rates of depression and anxiety have been directly attributed to the proliferation of smartphones. The Wellkin therapists have experienced abrupt changes in the mental wellness of the young people in Oxford and Elgin Counties and it will require awareness, knowledge and enhanced therapeutic modalities to address the shift. Generation Z are your clients.

> *"A stunning 31% more 8th and 10th graders felt lonely in 2015 than in 2011, along with 22% more 12th graders."*
>
> *— Jean M. Twenge, iGen: Why Today's Super-Connected Kids Are Growing Up Less Rebellious, More Tolerant, Less Happy and Completely Unprepared for Adulthood--and What That Means for the Rest of Us*

Recommendations

The following 10 recommendations were developed based upon the information that was gathered, analyzed and synthesized during the study period (see figure 1). The recommendations do not require significant capital investment but they will require significant time from management and staff to plan and implement the changes using one of the Lean Six Sigma tools: Plan, Do, Check, Act (PDCA). This continuous improvement cycle will ensure that changes in systems, procedures, protocols, practices and behaviour are sustained over time.

1. Design, Develop and Implement the New Clinical Strategy — January to March 2019

The Clinical Director has been implementing changes parallel to the walk-in study based upon early findings. There has never been a well-defined clinical strategy since the inception of Wellkin so this is a significant shift in direction in preparation for working under the umbrella of MOHLTC and to better serve clients. Externally, the strategy will help re-position Wellkin from perception that Wellkin is the "general store" for child and youth mental health to defined clinical services (and strengths) with active referral paths to other community agencies and partners.

The Director will assemble an inventory of current and emerging therapeutic modalities such as trauma-informed therapies that can be supported by Wellkin in the treatment of clients. The objective is to standardize the clinical treatment modalities with approved variations in response to unique client situations. A major component of the standardization will be the "scrubbing" of the EMHware database so that only relevant and current data are gathered within an overhauled data structure. This includes guidelines for notetaking to provide context for client interactions and treatment.

There will be a new approach to client caseload management based upon the number of cases in each therapist's portfolio matched with an assessment of the level of severity, including those clients who are designated as high risk. This approach will help with time management and caseload capacity but, more importantly, there will be an emphasis on treatment outcomes so that the focus is on case "flow" to referral or discharge rather than the number of clients in any therapist's caseload.

Clinical supervision will be more intensive as a result of the clinical strategy. Supervisors will work with the therapists to determine the number of sessions required for various treatment modalities on a client by client basis. With the focus on case flow, the supervisors will be consulted regarding the closing of files. The inputting of client data to EMHware is key to the supervisory support so guidelines can be implemented for data entry.

The new strategy will help define the role of tele-psychiatry and encourage increased use of OTN technology in client response and treatment. Client consent and privacy guidelines will need to be integrated into the strategy as technology such as SKYPE and FaceTime are integrated in conjunction with OTN.

2. Implement CAPA Therapists Protocol — Corrective Action, Preventive Action — 2019-20

When Wellkin implements CAPA, the agency will be able to demonstrate *what* they are doing and to *whom*. The agency can provide data on both therapist activity and capacity. The pathways to positive mental health outcomes will be clear. From the funders' perspective, it is easier for them to make funding choices in light of the transparent processes and demonstrable results.[13]

The CAPA service delivery model is based on Lean technology with evaluation focused on systems and processes versus people. The model ensures that there is a match between the client and the therapist's skills as the therapist shifts from being an "expert with power" to a facilitator of mental wellness with expertise in the field of mental health treatment modalities. Effective clinician leadership using CAPA means that the Clinical Director and Supervisors can demonstrate the following:

- Self-awareness and the skill to self-manage themselves while continuing to develop professionally and act with integrity;
- Working well with others by developing networks in and beyond the community, build and maintain professional relationships, encourage contribution to the agency and work with teams;
- Manage services by planning, managing people, resources and performance;
- Improve Wellkin services by ensuring client safety, critical evaluation, encourage improvement and innovate and facilitate transformation;
- Set direction through identifying the context for change, apply current and emerging knowledge and evidence, make decisions and evaluate impact;
- Create a vision for Wellkin and promote the vision to the wider MOHLTC system, through communication and demonstration of capabilities; and,
- Deliver the strategy by framing, developing, implementing and embedding the strategy into the Wellkin approach.

CAPA does not dictate the mental health services or interventions to be provided by Wellkin but it does provide a framework for developing a client-led service that is accessible and focused on successful client outcomes.

The implementation of CAPA will take time and evidence from other agencies suggests that implementation is most successful when done gradually. Therefore, the timeline of 2019 to 2021 for full implementation is recommended.

13 bit.ly/CAPA_UK. CAPA has been successfully implemented in the Ottawa Youth Services Bureau and this approach has been designated as "best practices": http://www.ysb.ca

3. Design & Implement a Universal Consent Form for Clients — January to June 2019

Clients and their families were clear that they thought the process of completing forms prior to accessing mental health services was difficult and time consuming. This recommendation will help clients access mental health services throughout the communities that Wellkin serves.

In Oxford, there is an opportunity to expedite the design and development of a universal consent form through the existing ActivateOxford table that has representation from all agencies involved with different aspects of child and youth mental health. In Elgin, there is an Interagency Protocol Agreement between Wellkin and CPRI that could provide a draft template for the universal consent form. There are also consent form models with CSCN, OCCHC, CAS and FACS. The goal is to have a single consent form for all agencies that is compliant with regulatory colleges and accreditation standards.

A related recommendation is for Wellkin to recruit volunteers who can help clients navigate and expedite the completion of forms during walk-in days. The volunteers will require training and will be supervised by the Team Leads.

4. Complete Groups Evaluation — Tara Bruno, King's College — March to September 2019

Dr. Tara Bruno began her analysis of existing Wellkin group programs in 2018 with the intent of determining priority group programs for the next two years.

Tara and her team will be rebuilding the programs using best practices design standards that includes embedded evaluation. Once the programs have been rebuilt, training will be conducted with staff and client diversion protocols based on eligibility and expected outcomes will be implemented.

The next step will be to provide direct recommendations to groups programming by primary care physicians. Physicians will require online video overviews of the programs and the client presenting profiles that match clients to the various programs.

5. Designate Walk-in Team Leads — Immediately

The recommendation to designate Team Leads for Woodstock and St. Thomas walk-in days has already been achieved by having the Clinical Supervisors take on this role. When the Supervisor is not available, one of the therapists will be assigned the Team Lead role.

The Team Lead will engage in a concierge model to conduct client triage and therapist match during intake. They will consult with therapists regarding treatment modality and act as a "playing coach" and support for therapists. The Team Lead will coach and advise the therapists one-on-one. This time also provides an opportunity for a check-in with the therapists concerning their current wellness status and capacity for the day.

The Team Lead will also be responsible to submit a 1-page, high-level summary of the walk-in day for distribution to the team members and the Clinical Director.

6. Enhance Internal Communication Technology & Processes — January to March 2019

The communication among therapists begins with the pre-walk-in, face-to-face huddle and can be continued in real time through the use of technology such as an app called, Slack. This is a secure, team-based app that operates on all platforms. It is a message-based app that facilitates the exchange of documents and provides conversation threads for easy tracking.

The implementation of Slack can be accelerated by therapists and staff viewing online support videos for the app with clear target dates for everyone to be using this communication channel.

Elgin therapists experimented with a Kanban Whiteboard that illustrated the match of therapists to clients, time in, time out of session, etc. This provided a quick view of capacity and commitment through the busy walk-in days. The categories of information include: waiting, doing and discharged/referred. The Kanban can be replicated using Slack and having both information systems operating makes certain that client flow is optimized. The combination of low/high tech will improved client response time.

All of the Wellkin therapists have access to iPads and the tablets have been updated and integrated into workflows at the time of writing. The receptionist/intake staff will be part of the walk-in team in Slack so they need to be equipped with Wellkin mobiles for security and efficiency.

7. Improve Client Communications — 2019 to 2020

There is no dispute that clients and their families experience varying degrees of stress when they are accessing walk-in services. Assistance with paperwork will help clients cope with the waiting time but there are other ways to help reduce stress.

The implementation of monitors in the waiting rooms could indicate client wait times, designated therapist, general information about Wellkin, wellness tips, client stories, etc. This technology is not particularly new in healthcare, e.g., LifeLabs, and the software is reasonable when compared to how it helps clients navigate the mental health services.

There is an organization in British Columbia called, Medimaps®, that tracks all local medical clinics with contact information, hours of operation, location and real-time client wait times. This information is provided through their website and after you input your postal code. The consultant contacted the principals of MediMaps® and they confirmed that they would like to pilot their technology in the mental health sector.

Additional focus is recommended for post-walk-in client communication with secure Wellkin website access.

8. Restructure / Redesign Reception Area in Woodstock — 2019 to 2020

The reception area in Woodstock is not conducive to reducing the stress that clients and their families are experiencing when they access walk-in services. There is limited space and clients consistently reported that they were concerned about the exchange of private information with the crowding — especially in the morning walk-in hours — and staff using the hallways on either side of the reception area as conduits to other parts of the building.

The immediate solution will be to have the Team Lead discuss solutions with the therapists and staff that will include staff avoiding the reception area during walk-in hours. The Team Lead can redirect clients and their families to other rooms and assist with intake.

A more permanent solution involves an architectural redesign of the reception area. This would provide an opportunity to enhance the service offering by providing a friendlier, safer, private experience for clients and their families.

9. Pilot Extended Walk-in Days/Hours — 2019 to 2020

It is recommended that Wellkin pilots an additional walk-in day on Saturdays in both locations. The operation time would be 10:00 to 15:00 and staffed by therapists on a rotational basis. This recommendation is based on best practices in other jurisdictions but also from interactions with youth in Elgin and Oxford who have specifically asked about access to mental health care on week-ends.

Wellkin has been experimenting with extended hours on the designated walk-in days and this change needs to be formally piloted and tracked for acceptance by the community.

These changes need to be communicated across all available channels, e.g., social media, website, print, newspapers, PSAs, etc. Another opportunity is to use the AGM as a platform to announce the new hours/days. This will be especially impactful because Wellkin will be integrated with MOHLTC when the AGM is held in June 2019.

10. Implement Lean Six Sigma Training & Methodology — 2019

The Wellkin Walk-in Study that was conducted between May and August 2018 identified the need for process improvement to decrease wait times for clients to connect with therapists, improve information management and, most importantly, to ensure positive client outcomes. The solution is to implement an approach called, Lean Six Sigma, which is complementary to recommendation #2 — CAPA.

Lean thinking is a broad term to describe a holistic and sustainable approach to using less of everything to deliver more by having a relentless focus on client perspective and quality service experience. Lean is also highly compatible with mental healthcare because it promotes respect for people based on a philosophy of continuous learning and incremental, daily improvements.

Lean Six Sigma has its roots in kaizen which is Japanese for change and improve and has been translated as continuous improvement in North America. Lean is a set of operating philosophies and methods that when applied through a collaborative team effort, help create maximum value for clients in mental healthcare by reducing process waste, decreasing wait times and improving quality. It emphasizes the consideration of the client's presenting needs, intake engagement, therapist involvement, accurate data collection and timely communication. The elimination of waste in systems, workflows, practices and protocols has been demonstrated to improve client outcomes by removing barriers and providing a seamless client experience. Lean is also central to operations at the Ministry of Health and Long-Term Care.

Lean has a focus on eliminating defects. In mental healthcare, this can be the difference between worsening conditions and helping the client access a pathway to treatment, stabilization and recovery. Lean Six Sigma is used to improve client outcomes by using a five-step approach to process improvement: 1) Define, 2) Measure, 3) Analyze, 4) Improve, and, 5) Control (DMAIC).

The Lean approach had its origins in in the automotive sector in Japan and the majority of lean research published in international literature refer to the Toyota Production System as it is applied to the health and mental healthcare sectors. In particular, the Virginia Mason Medical Center's application of lean "…became the catalyst for lean healthcare" in other health systems, particularly in the United States and the United Kingdom.

The most frequently used lean implementation activities are "lean basics" workshops, also described as "kaizen basics" workshops. A kaizen session is a one-day workshop that introduces lean tools and techniques to the practicing teams. Other activities to implement lean in mental healthcare are 5S events to reorganize the workplace, rapid process improvement workshops and value stream mapping to improve current and future healthcare processes.[14]

A value stream map in mental healthcare is a visual tool to understand the flow of clients and information through the lens of a client and their family. The value stream maps all processes required to deliver mental healthcare services. Lean concepts and methodologies include Kanban, lean leadership and supervisory training and mistake-proofing data input processes. An example of a Kanban visual signaling system in mental healthcare would be a whiteboard or monitor that displays wait times, therapist/patient pairing and intake process completion. The aim of a mistake-proofing workshop is to develop a procedure to avoid errors, e.g. confirming the successful referral of a patient from primary care physicians to mental health therapists or eliminating errors in EMHware data entry such as incomplete client notes.

14 5S stands for Sort, Sweep, Simplify, Standardize, Sustain/Self-Discipline and it represents a set of concepts that helps organizations ensure a streamlined, organized work place. A Kaizen Event is a 3 to 5-day workshop where teams of clients and their families, staff and therapists focus on one problem such as lengthy wait times. The team identifies the root cause, develops solutions and the team has the authority to implement solutions immediately.

Lean process improvement in the Mental Health Center of Denver delivered the following changes over a period of 12 months:

- Capacity increase of 187 clients from the previous year — 1,726 total clients
- 27% increase in service capacity from 703 new intake clients to 890
- 12% reduction in client "no shows" from 14% to 2%
- Annual cost savings of $90-100,000

In summary, Six Sigma Lean training will empower the Wellkin leadership, staff and therapists to make changes that will produce a seamless experience and improved outcomes for clients and their families who access Wellkin mental health services.

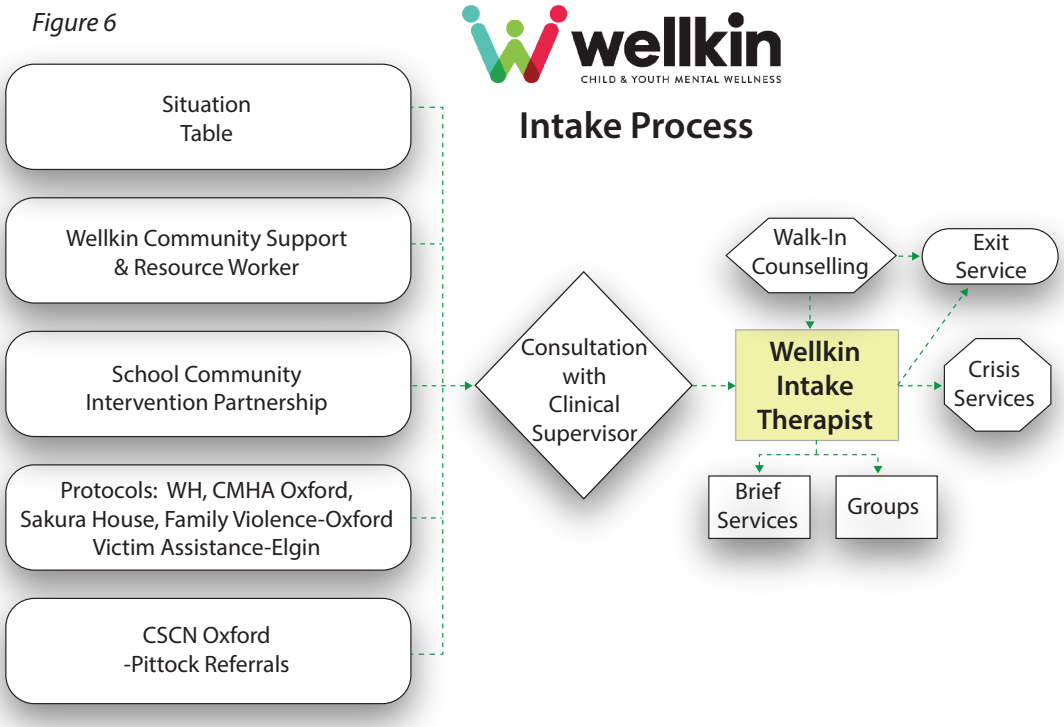
Wellkin Walk-in Process

The current walk-in procedure has clients and their families registering with the administration support person at the front desk and then completing the necessary paperwork, including consent forms, while they are in the waiting room. The forms are returned to the receptionist and the clients wait to connect with the next available therapist. The wait times are not predictable but, generally, the response time is faster early in the morning. The intake receptionists in both Wellkin locations — Woodstock and St. Thomas — have been trained to observe client behaviours related to suicidality. When they are alerted to a high-risk situation, the receptionists will ask specific questions to ascertain the level of risk and, if necessary, prioritize access to a therapist. This procedure appears to work well when the client volume is relatively low and there is an adequate number of therapists on duty to respond. When the walk-in client load is high, e.g., 12-19 clients during the day, wait times will exceed an hour (at best) and some clients may not be served that day and they will have to return the following week. There is no data currently available to determine how many of the clients who have been turned away return to walk-in to access mental health services.

Clients and their families will arrive at walk-in, register with the receptionist and complete the necessary paperwork. The Team Leader will review the paperwork and assign the client to a therapist. The Intake Therapist (IT) gets involved if the Team Leader determines that the client requires more than a single Brief session of counselling. Once referred by the Team Lead, the IT will see the client during walk-in or arrange an appointment within one week during which time the client will complete the interRAI CHYMH Screener to determine acuity and the next steps. The Intake Therapist then directs the client to the appropriate program and/or Therapist. If the client has been referred to Wellkin by a primary care physician who used the HEADS-ED assessment tool with their patient, the Team Lead will consider that data during the triage engagement with the client and their family.[15] It is expected that the coordination between the Team Lead and the Intake Therapist will provide an additional layer of mental health expertise and close the service gaps that exist in the current walk-in system.

15 www.heads-ed.com. The lead physicians in Elgin and Oxford Counties have endorsed the use of the HEADS-ED screener.

Figure 6



Team Lead Process Summary

The client presents at Wellkin Walk-in Counselling reception, completes the paperwork and is directed to the waiting room. The Wellkin front desk administrator calls the Team Lead who reviews the paperwork and assigns the client to the appropriate Therapist. In some client situations, the Team Lead would ask the walk-in Therapists to "huddle" for a brief meeting to discuss an approach that would result in the best outcomes for the client. The Intake Therapist would be engaged if the client requires more counselling than a single Brief session.

Intake Therapist, Training & Data

The direct connection to community partners for the referral of clients and their families to Wellkin mental health services will help to reduce wait times and expedite the connection to appropriate assessment and treatment. *Figure 7* illustrates how the community partners will coordinate their referrals through the Wellkin Clinical Supervisors.

In technical terms, the Intake Therapist will align with the Core Services A352 - Coordinated Access and Intake. Definition for this core service includes the following five guidelines:

- The intake process often represents the first point of contact for the child, youth or family into the CYMH service system and involves the collection of basic information about the child or youth requiring service.
- Eligibility is determined based on age (0 to 18), presenting issues (mental health and other problems) and the core services available.
- The intake process also includes obtaining informed consent from the youth and/or a parent or guardian on behalf of a child or youth who lacks the capacity to provide consent to receive a particular service or treatment.
- The identification of strengths, needs and risks begins at intake (which includes basic information gathered through intake or Brief services). For clients requiring more than Brief services, a more thorough process is engaged to specify strengths and needs.
- This information is used to identify service and treatment needs, triage and prioritize children and youth for service when the level of risk is high, inform the development of a service/ treatment plan, identify areas of strength to build upon and to establish a baseline for outcome monitoring and measurement.

The matching of clients to Wellkin therapists with specific, therapeutic skills will be expedited by the Intake Therapist. The diversion of clients to groups, tele-psychiatry or to more appropriate community health or mental health resources by the IT will help alleviate the workload pressure on Wellkin therapists and ensure that all clients who access Wellkin walk-in services are, in fact, cared for with the right therapeutic response the first time. The addition of an Intake Therapist will reduce the time to access Wellkin mental health services and improve the quality of mental health care. An additional outcome from the addition of an IT is a more manageable and appropriate overall caseload for Wellkin therapists. This will help reduce stress for clients, therapists and the walk-in system, overall.

Professional development for therapists was another recommendation from the consultant-led, walk-in study. The clinical training will focus on four therapeutic areas: 1) Dialectical Behaviour Therapy, 2) Cognitive Behaviour Therapy, 3) Clinical Training for Brief Therapy, and, 4) Trauma-informed Therapy and will be designed to improve the quality of mental health care and, therefore, increase successful client outcomes.

The methodology that was used to determine this service gap involved a thorough analysis of all of the therapists' client case notes during a three-month period from May to August 2018. The notes were gathered from the EMHware database and compared to the therapeutic modalities that were being used with clients, the length of time that the clients were active in the therapists' caseloads and, of course, client outcomes. Direct observation of therapist/ client sessions was not part of the walk-in study methodology, but the consultant recommended direct observation by clinical supervisors during the performance measurement process prior to and following the professional

development training. The consultant was also critical of the consistency, level of detail and general quality of the clinical notes. It is expected that training in the process and the clinical detail required when capturing case notes will accompany all three training programs. This action will encourage consistency and enhance communication regarding the status of clients among therapists and with their supervisors.

The clinical training can be conducted in much the same way that training for the interRAI CHYMH Screener was implemented. An external expert in the three therapeutic modalities — DBT, CBT and Trauma-informed Therapy — can be sourced and engaged to conduct in-person training will all therapists during a compressed time period to encourage retention and application of the upgraded approaches. Once again, case note-taking techniques need to be attached to each training module. If the external resource does not have specific online resources to support their training, the sessions can be recorded, edited and posted internally as a resource for all therapists post-training. These recorded sessions can be included in the on-boarding of new therapists until they have an opportunity to attend a future in-person training.

Client outcomes will be improved by evidence-based clinical training using the interRAI Assessment to inform and formulate the client care plan. This is especially important when clients are engaged with different Wellkin therapists over a period of time based on therapist availability and client preferences. This "seamless" therapeutic approach ensures that high quality mental health techniques are being used and that there is client-centred integrity in the process. Another client outcome will be a shorter length of time in treatment using a target and range method to determine whether the client is on a path to recovery or needs to be diverted to another treatment path, therapist or community resource. The clinical training will improve the overall Wellkin caseload capacity with more client movement towards successful outcomes.

Performance measurement can help the clinical supervisors identify gaps in the quality of client mental health care, lapses between clinical training and application and provide evidence for coaching and client-based recommendations during the therapist/supervisory performance reviews. The primary source of performance-based measurement will be through supervisory observation of the therapist/client sessions. This can be done prior to and following the clinical training sessions as a comparative analysis for coaching and ongoing training. The secondary — but no less important source of performance information for supervisors and therapists — will be through the EMHware database. The skilled use of screeners and instruments, treatment modalities, case notes and client outcomes can be tracked using the database. The consultant noted that the EMHware database was in the process of being restructured and "scrubbed" during the final months of 2018 and completed in January 2019 by the Clinical Director as part of her clinical strategy. This will improve the reliability, consistency and integrity of the client-based information going forward and prior to the clinical training initiative.

Wellkin therapists responded very well to the interRAI ChYMH training with observable improvements in how they screened clients for clinical therapeutic modalities. The screening process can be reinforced by the enhanced clinical training in three critical modalities. This will improve the client experience with the mental health treatment process and heighten the probability for successful outcomes.

Conclusion

The Wellkin Walk-in Study that was conducted between May and August 2018 identified the need for process improvement to decrease wait times for clients to connect with therapists, improve information management and, most importantly, to ensure positive client outcomes. The Walk-in Study also provided an opportunity through direct observation and data analysis to calibrate current clinical services capacity against the requirements over the next two years when the Walk-in Study recommendations are implemented.

The study revealed that the current clinical capacity at Wellkin does not meet the needs of clients based on two criteria: 1) timely access to mental health services, and, 2) quality of care that matches therapeutic modality with client needs. An additional Intake Therapist will reconcile both of these issues and the recommendation has already been acted on through a funding application.

The management and staff of Wellkin will experience extreme change during 2019 that will continue through 2020 in an effort to provide high quality, timely mental health services to the children, youth and families in Elgin and Oxford counties.

APPENDIX A

Walk-In Online Survey Questions