Evaluation of the Counselling Initiative in White Rock-South Surrey

White Rock-South Surrey
Division of Family Practice
A GPSC initiative

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Executive Summary

Overview of the Counselling Initiative

The Counselling Initiative is one of a number of programs funded under the White Rock-South Surrey (WRSS) Division of Family Practice Attachment Initiative. The program was launched in April 2013 with the goal of assisting patients who were in need of professional counselling but had no ability to pay. Counselling was delivered by Sources Community Resources, a non-profit agency located in White Rock. Initially, Sources was contracted to provide a maximum of 6 free counselling sessions each to approximately 350 clients by master's level Registered Counsellors. The goal of counselling was to assist clients in recognizing and resolving their personal difficulties.

Purpose of the Evaluation

The evaluation of the Counselling Initiative was undertaken to document the implementation, determine its impact, and identify lessons learned in order to help the Division make decisions about future programming.

The following questions were addressed in the evaluation of the Counselling Initiative:

1. How does the program support the goals of the Attachment Initiative?
2. To what extent has the program contributed to the achievement of Attachment goals?
3. What is working well, what are the challenges, and what can be improved?
4. Is there a continuing need for the program?
5. How can the program be sustained?

Evaluation Methodology

A mixed method design was used to explore the implementation, effectiveness, and lessons learned. The findings draw on document reviews, quantitative data from the program (Client Satisfaction Surveys and outcome tracking data), quantitative data from 34 practicing physicians attending a Division All Members meeting who participated in a clicker survey, and qualitative data from interviews and focus groups with the Sources Manager, physicians and Division staff. In total, 17 people participated in the interviews or focus groups which were conducted during the summer of 2014. The evaluation was guided by a steering committee composed of Division staff and physicians.

Findings

How does the program support the goals of the Attachment Initiative?

The Attachment Initiative has three goals:

1. to confirm and strengthen the GP-patient continuous relationship – including better support for the needs of vulnerable patients
2. to enable patients that want a family doctor to find one, and
3. to increase the capacity of the primary care system.

Through the provision of free counselling services, the Counselling Initiative can contribute to goals one and three, providing better support for vulnerable patients and increasing the capacity of the primary care system.

To what extent is the Counselling Initiative contributing to the achievement of Attachment goals?

Counselling Initiative supports vulnerable patients

At the end of a one-year period, 227 of patients referred had completed therapy and 20 more were still engaged in sessions. Program records show that engagement and retention rates were unusually high for this type of program. The majority of patients referred were appropriate for this type of counselling with only 14 being referred on to other resources (e.g., addictions services). Referring physicians were very satisfied with the counselling services, as were patients responding to the Sources client satisfaction surveys.

Counselling Initiative improves health and well-being

Data from Sources' outcome measurement system showed that upon completion of therapy, 70% of patients had achieved clinically significant improvements in their individual, interpersonal, social relationships and well-being. Physicians interviewed reported that services had been very beneficial, and 86% of physicians participating in the clicker survey indicated that their patients had benefitted from the Initiative (29% "a great deal" and 57% "to some extent").

Counselling Initiative strengthens physician-patient relationships

Ninety percent of physicians participating in the clicker survey reported that the Initiative had increased their ability to support their patients. Referring physicians were provided with reports on the outcomes of the counselling sessions which provided them with information that could be used to follow up with their patients.

To what extent did the program increase the capacity of the primary care system?

Counselling Initiative increases physician knowledge

Physicians who had referred a significant number of patients to the program reported that the Initiative had increased their knowledge of how to support their patients, and articulated their appreciation of the benefits of short-term counselling. Clicker survey participants indicated that their contact with the program had increased their knowledge of other community counselling resources (13% "a great deal", and 58% "to some extent").

Counselling Initiative increases capacity within practices

Physicians interviewed indicated that the Initiative had freed up some of their time and reduced their workload, and 43% of physicians participating in the clicker survey indicated that the Initiative had enabled them to devote more time to other patient needs, at least to some extent.

Improved inter-professional practice

Inter-professional practice was enhanced through this initiative. The WRSS Division and Sources successfully developed this new partnership which allowed for ongoing, joint discussions of new opportunities to serve patients. Additionally, the Initiative increased communication between physicians and therapists.

Key success factors

A number of factors were found to contribute to the success of this program. These included: funding for the program; the collaborative effort between Sources and Division staff in designing the program; effective program management; the simple referral process; and timely service.

Suggestions for Improvements

Overall, stakeholders were very satisfied with the Initiative, and very few suggestions were offered as to how the program could be improved. The Sources Manager made a few suggestions of potential enhancements that could be explored, should the program continue. These related to reaching agreement on desired program outcomes and how they will be measured as well as ongoing communication about who is appropriate for the program and how eligibility might be more clearly established. It was noted that feedback from physicians on their level of satisfaction with post-therapy reports from counsellors has not been gathered and this may be advantageous moving forward.

Limitations

This evaluation relies on input from the service provider, the Attachment Initiative Working Group, physicians who participated in the clicker survey and interviews, and Division staff. It did not gather data directly from patients who accessed the service. Information gathered through the Sources Client Satisfaction Surveys includes a limited number of responses from fee-for-services clients as there was no ability to filter these out. The reported success of the counselling service, although measured using valid and reliable tools, does not explore longer term outcomes for counselling participants.

Conclusions

A variety of stakeholders reported that the Counselling Initiative met its objectives, was well-managed, and was meeting a significant need in the community. The Counselling Initiative successfully contributed to the goals of the Attachment Initiative: it resulted in strengthening the GP patient-relationship through enabling physicians to help their patients with needs that could not be met previously, and increased the capacity of the health care system. The program worked well; was well subscribed, and demonstrated clinically significant outcomes for patients. The Initiative afforded new opportunities for inter-professional communications, and this served to increase awareness of community resources - including those offered through the counselling program, as well as knowledge about how to assist patients with personal problems. There is no doubt amongst all stakeholders that there is a real need for this program to continue, and that it benefits patients who are unable to access fee for service counselling. At this time, the only major challenge is finding funding to continue the program.

Table of Contents

1 Introduction

1.1 Overview of the Counselling Initiative

Funded through the White Rock-South Surrey (WRSS) Division of Family Practice, the Counselling Initiative began in April 2013 and continued to receive intakes until July 14, 2014. The objective of the program was to provide short-term therapy to eligible patients of members of White Rock–South Surrey Division of Family Practice. Eligible patients included individuals, couples, and families who did not have the ability to pay for counselling and needed help to resolve problems related to a broad range of issues.

The program was delivered under contract to WRSS by Sources Community Resources, a non-profit organization with multiple services located in the White Rock. Sources has a core team of nine master's level Registered Clinical Counsellors and an intake Coordinator who are supervised by a Program Manager.

Program Inputs

The Counselling Program was contracted to Sources Community Services by WRSS in March of 2013. The Division provided $210,000, which would serve approximately 350 clients with a maximum of 6 counselling sessions each, at a cost of $95 per session. The funding also provided compensation for missed appointments.

Human resources required to deliver the program include:

- A core team of master's level Registered Clinical Counsellors
- An Intake Coordinator
- A Program Manager who is a Registered Clinical Counsellor with advanced training in clinical supervision
- Family practice physicians, and
- WRSS management liaison.

Target Group

Eligible clients included patients of WRSS Division physicians who would benefit from short-term counselling and who:

- Did not have Employee Assistance Program or Extended Medical Coverage
- Were unable able to self-pay
- Were not in need of urgent psychiatric or mental health intervention
- Were not currently involved in Fraser Health's Community Mental Health and Substance Abuse or Children and Youth Mental Health programs, and
- Agreed to participate in short term therapy as offered through Sources.

Objectives

The objective of the counselling services was to assist clients in recognizing and resolving their personal difficulties. Difficulties may include:

Marital issues	Depression
Family issues	Decision-making
Child and youth issues	Sexual abuse
Life transition issues	Sexual harassment
Work related conflicts	Communication
Anger/violence issues	Burnout
Critical incident stress	Post-traumatic stress

The Counselling Program used a Short Term Therapy model, the goal of which is to identify the presenting problem and to assist the client in a professional and responsible manner in dealing with that problem in the shortest possible time. There is not an expectation to comprehensively address all of the problems a client may be facing. Short term therapy attempts to provide immediate assistance to develop individual service plans that may include the development of strategies and resources to effectively manage or resolve life challenges and/or referrals to external resources.

Program Activities

Referral Process – Family physicians provided information about the Sources Counselling Program and terms of service to patients they deemed eligible and appropriate for the counselling service prior to referring them. Physicians asked clients to sign a Referral & Patient Consent Form which outlined the terms of service and eligibility criteria which included an inability to self-pay. The form notified the patient that they would be charged $45 for appointments missed without 24 hour cancellation notice and that two missed appointments could result in cancellation of further service. The physician's office faxed the signed Referral & Patient Consent Form to Sources' Intake Coordinator. The Intake Coordinator contacted the patient within 48 hours of the referral, gathered sufficient information to ensure they were appropriate candidates for counselling services, and completed an Intake Form. The Intake Coordinator then matched patients to the most appropriate counsellor on the team who subsequently made contact with the patient. After obtaining patient's consent to release information, counsellors informed the referring physicians about the patient's follow-through with the referral and attendance at counselling appointments.

Counselling - The assigned counsellor contacted the patient and made an appointment for the first of six free sessions where a Therapy Plan was developed.

Outcomes Management - Sources counsellors use an evidence-based Feedback Informed Therapy approach which actively solicits ongoing feedback regarding the patient's experience with the counsellor and the counselling process[1]. Feedback was gathered from clients using two brief scales which measure robust predictors of therapeutic success:

[1] http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=249

(1) The Outcome Rating Scale (ORS) which assessed the client's therapeutic progress and their perceptions of the benefit of treatment and
(2) The Session Rating Scale (SRS) which assessed the client's perception of the client-therapist alliance.

Psychotherapy research has revealed that a trajectory of change for an individual client can be predicted once their intake score, or baseline, is known. These calculations are derived from a representative sample of clients in psychotherapy.[2] The initial appointment provides an intake score which is used to graph several potential trajectories of change for each subsequent appointment. Subsequently, the counsellor administers the ORS at the beginning of each treatment session and the SRS towards the end of the session. Client ratings are discussed on a session-by-session basis to maintain the client's engagement in treatment, optimize the client-therapist alliance, and provide a means for transitioning into the treatment session by focussing on client-identified goals. If client ratings are very low, the therapist may choose to modify the type and amount of treatment.

Program Costs - The cost to WRSS is $95 per session. Clients were charged $45 directly by Sources for missed appointments that were not cancelled within 24 hours and the Division compensated Sources for the balance of the $95/hour fee ($50).

Clinical Supervision – All therapists were clinically supervised by the Sources Program Manager who is a Registered Clinical Counsellor with advanced training in clinical supervision.

Post-Counselling - After completion of counselling and if warranted, patients could be referred to other suitable follow-up resources for which they would be financially responsible, if they do not fit within the mandate of funded services. Ongoing counselling from Sources was available on a sliding fee scale. Sources provided the physicians with a Closing Summary, the patients ORS graph, and an accompanying explanation sheet that could be used by the physician to interpret ORS scores.

Program Management/Administration – The Sources Program Manager delivered presentations to approximately 40 physicians to introduce the program. He also liaised with a representative of the Division as needed and was available for periodic consultation with the Division, with respect to development, promotion, implementation, monitoring and effectiveness.

Sources oversaw the day-to-day administration of the program and maintained its own records, including information on the utilization of the program.

1.2 Purpose of Evaluation

The White Rock-South Surrey (WRSS) Division of Family Practice is evaluating a number of programs funded under its Attachment Initiative. The information from the evaluations will help the Division make

[2] https://psychoutcomes.org/COMMONS/OutcomesInformedCare

decisions about how to continue to support Attachment goals in the midst of funding changes (i.e., which programs should continue, change or close).

1.3 Evaluation Questions

The following questions were addressed in the evaluation:

1. How does the program support the goals of the Attachment Initiative?
2. To what extent has the program contributed to the achievement of Attachment goals?
3. What is working well, what are the challenges, and what can be improved?
4. Is there a continuing need for the program?
5. How can the program be sustained?

A program logic model showing inputs, activities, outputs, outcomes and indicators was created to guide the evaluation (Appendix A). The logic model was developed in consultation with the Sources Program Manager and WRSS staff and was based on the overall Attachment Logic Model.

2 Methods

A mixed method design was used to explore the implementation, effectiveness and lessons learned. The findings draw on document reviews (see Appendix B for a list of the documents reviewed), data collected by Sources between April 2013 and March, 2014 (utilization rates, client satisfaction surveys, and outcomes data), qualitative data from interviews and focus groups with the Sources Manager, eight physicians, Division staff, and a physician clicker survey conducted during a Division All Members meeting. In total, 17 people participated in the interviews or focus groups which were conducted during the summer of 2014 and 34 practicing physicians attended the Division All Members meeting. An overview of the data collection methods and sample sizes is shown below in Figure 1.

Figure 1: Overview of Methods and Sample Sizes

Method	Respondents	Sample Size
Interviews	Physicians Sources Program Manager	8 (6 physicians also attended the All Members Meeting) 1
Focus Group	Division staff Attachment Working Group	3 5
Clicker Survey	Practicing physicians attending the White-Rock South Surrey (WRSS) Division All Members Meeting on April 10, 2014	34
	Total	45

3 Findings

This section presents the evaluation findings according to the evaluation questions addressed.

3.1 How does the Counselling Initiative support the goals of the Attachment Initiative?

The goals of the Attachment Initiative include:

1. Confirming and strengthening the GP-patient relationship – including better support for the needs of vulnerable patients;
2. Enabling patients that want a family doctor to find one; and
3. Increasing the capacity of the primary care system.

The counselling initiative has the potential to contribute to two Attachment goals: Strengthening the GP-patient relationship - including better support for the needs of vulnerable patients and increasing the capacity of the primary care system.

The initiative can strengthen the GP-patient relationship by enabling physicians to support their vulnerable patients who are in need of counselling but cannot afford it to access timely, free services that meet their needs. In addition, the information provided to physicians about the outcome of the counselling sessions can further strength the therapeutic relationship by providing an opportunity for physicians to follow-up with their patients. Increases to the capacity of the primary care system can be achieved by increasing GP knowledge, increasing GP awareness of available resources, and by improving inter-professional practice.

3.2 To what extent is the Counselling Initiative contributing to the achievement of Attachment goals?

Improved support for vulnerable patients

Increased Access to Counselling Services
It is clear that the initiative has increased access to needed services. As stated by one physician:

> *"I can now refer to people with different skills and strategies I don't have"*

The Counselling Initiative was well on track for serving the intended target population. Division staff expressed satisfaction that the program was well-subscribed and Sources utilization data showed that as of March 14, 2014, the program was on track for achieving the expected capacity of serving 350 clients.

As of March 2014, physicians had made 329 referrals to the program; 227 of these had completed therapy; 25 were awaiting services, 8 (2%) were terminated for non-attendance, and the remainder were still attending sessions. Thirty-five patients (11% of those referred) did not receive service for a variety of reasons: 14 were referred on to addiction services, some decided they did not require counselling, and some did not respond to calls from the counsellors.

Uptake of the initiative happened quickly with 37 patients referred in the first month and 45 in the second month. The sudden influx of referrals along with staff vacancies at Sources resulted in longer than expected waits for service. This situation was remedied through staff recruitment.

The Sources Manager commented on the high rate of engagement and retention. The program saw less than 10% of "no shows" for appointments. According to the Sources Manager, this is very good as about 47% of clients tend to drop out of free counselling services prematurely.

As shown in Figure 2 below, presenting concerns for patients referred were appropriate with the majority of these dealing with depression and anxiety. Because of the sizable number of uncategorized presenting concerns (27%)[3] we cannot conclude with certainty that all of the presenting concerns were appropriate.

Figure 2: Presenting Concerns

Presenting Concern	Number of Clients	Percentage
Depression	101	31%
Anxiety/Panic	98	30%
Uncategorized	89	27%
Family Counselling	28	9%
Grief	7	2%
Anger	3	1%

Client eligibility

Overall, it appears that the majority of patients referred to the program did not have an ability to pay. It was understood that physicians would only refer patients who could not afford to self-pay - and physicians were required to ask patients to sign a Referral and Client Consent form which states that eligibility for the program includes the inability to pay. Physicians participating in the evaluation demonstrated awareness of the criteria:

"A lot of my patients don't qualify; most have a benefit plan but this has been a Godsend for the handful of patients I have who could not afford that 1-1 counselling".

"Very helpful to patients with anxiety or depression and not good candidates for group and can't afford to pay."

Additionally, at an Attachment Working Group evaluation meeting, a physician stated that the service had been a huge "boon" to patients who could not otherwise have afforded it.

This was also seen by the Sources Manager. He indicated that clients he had counselled were really in need of support and could not have accessed counselling otherwise (in addition to his program

[3] The Sources Manager did not always perform the categorization.

management and clinical supervision duties, the Sources Manager also provides counselling). He stated that he *"was not sure what families would have done without it."* He provided an example of a patient he had counselled who was thinking about ending his life and had planned it out, but thought he would give the counselling program a try. *"He would not have been seen by Mental Health and he couldn't have afforded private counselling. Maybe he could have gone to the group therapy program, but I don't think he would have felt open to that – so he had a need and there was nothing else in the community to realize it. All he had was his GP - and his GP referred him".*

While not personally being aware of any clients who did not qualify for the service, the Sources Manager indicated that a more rigorous process for assessing ability to pay could be designed as there was no actual means test for service, either by physicians or Sources staff and it is possible that a few of the patients referred may have had an ability to pay. In its' 2013-14 Counselling Services Program Review Report, Sources noted *"a modest decrease in the number of self-paying clients during this year, perhaps indicating that some of these individuals ended up accessing counselling through the Division of Family Practice".* Additionally 8% of patients who completed the 6 free sessions opted to continue counselling at a subsidized rate (sliding scale of $60 - $85 per session). While it is possible that these patients could have afforded to pay at the outset, we do not know if their financial circumstances had changed. It is also possible that after experiencing the benefits of the 6 free sessions, they found ways to self-pay.

Highly Effective Service

The available data show that the counselling services were highly effective in meeting patient needs. Sources administered two types of Client Satisfaction Surveys in the course of the initiative, one during therapy and one post-therapy. The first of these was completed by 51 counselling clients during the course of therapy on random occasions, while waiting for appointments. This survey measured their level of satisfaction with:

- The response time following referral
- The counsellors assigned to them
- The professionalism and responsiveness of councillors, and
- Their own progress towards counselling goals.

Select responses to this survey are presented in Appendix C. As can be seen, the vast majority of respondents selected "strongly agree" to the statements indicating a very high level of satisfaction with the service.

The second survey was administered by Sources online, using Survey Monkey and was sent to clients who had completed therapy. Thirty-one clients responded to this survey (see Appendix D for summary of results). As can be seen, these clients also indicated a high level of satisfaction with services.

Respondents were asked to comment on what they liked most about the counselling services and 23 commented very positively:

"So friendly and skilled in her field. Had a fabulous way of getting my daughter to talk about things she normally wouldn't. So understanding and professional"

"We were matched with a therapist who had experience and knowledge to address the issues of our unique family and the individual family member's special needs."

"…really listened and let me get the anger out of my system…. Suggested books that were interesting and easy to read."

"Was all good, from point of reception to helping me through a tough time. I thank you so much."

Respondents were also asked to comment on what they liked least about the counselling services. Two comments related to the length of time respondents had to wait for services; two related to dissatisfaction with the therapist assigned to them, and two respondents expressed that they would like to have accessed more than 6 sessions:

"I wish there was government funding to have enabled me to have more than just 6 sessions, which in many cases may be just the 'tip of the iceberg'."

It should be noted that some of the respondents to the Sources surveys were fee-for service clients and there was no ability to filter out their responses from Division clients. However, given that Sources served a much higher volume of Division clients compared to fee-for-service clients in the period of the initiative (69% of all referrals) and that the program delivered to fee-for services clients was of the same nature, it is reasonable to assume that that these findings do reflect the experiences of Division clients.

Physician interviews revealed that patients were very satisfied with the counselling services and had provided them with positive feedback, as shown below:

"Patients really liked the approach. One couple had relationship counselling – has given them a better perspective of each other's position….looking more at themselves and their impact on the relationship."

"Very helpful for patients with anxiety and depression"

"Gives people tools to deal with their issues"

"The Counsellors have been very helpful in helping them to find ways of self-management… maybe ways to manage without medication."

Improved health and well-being for vulnerable patients

Documented program outcomes and feedback from physicians indicate that the program has been beneficial to patient's health and well-being.

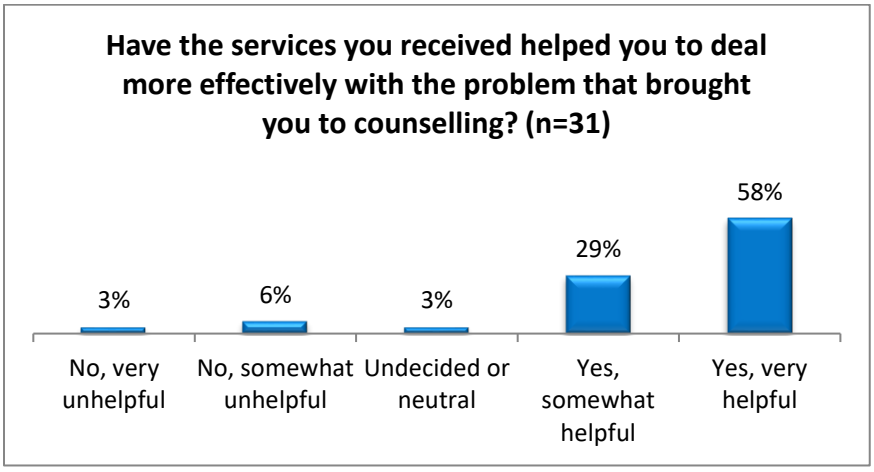
Sources system of measuring outcomes for clients (ORS) enabled patients to record their ongoing perceptions of improvements in:

- Personal well-being
- Interpersonal relationships (family, close relationships)
- Social relationships (work, school, friendships), and
- Their overall general sense of well-being.

Overall, ORS ratings showed that 70% of clients achieved clinically significant improvements in their individual, interpersonal, social relationships, and well-being. It was noted that this outcome compares favourably with a representative sample of clients in therapy; 60% of whom achieve clinically significant improvements and represents a .4 standard deviation above the mean.

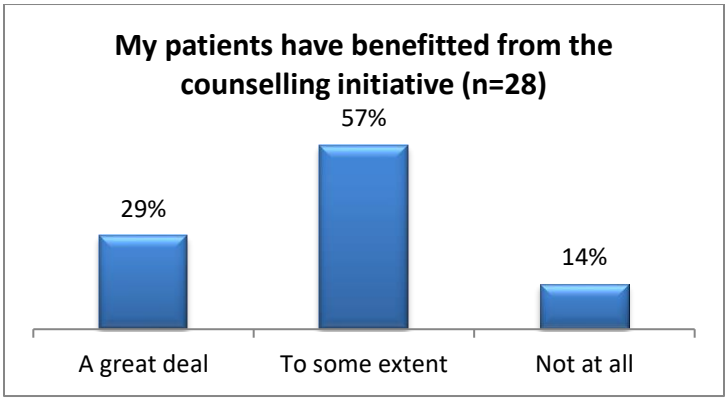
Additionally, results of the Sources post-therapy client survey indicated that the majority of respondents (58% very helpful, 29% somewhat helpful) believed that the counselling services had enabled them to deal more effectively with the problems that brought them to counselling, as shown below.

Figure 3: Effectiveness of Counselling: Sources Post-Therapy Survey



The majority of physicians participating in the clicker survey (86%) indicated that their patients had benefitted from the initiative, to some extent or a great deal (see Figure 4 below).

Figure 4: Physician Perceptions of Patient Benefits



Physicians participating in interviews noted that the service had been very beneficial in improving their patient's well-being. The following examples were offered:

- A young, single mother going through divorce and raising her child on her own. *"She was able to get help for herself and her son. She found it very useful and could never have afforded private counselling."*

- Two patients who were in difficult financial situations and in crisis. *"The service was able to help them immediately. It was quick and just what they needed".*

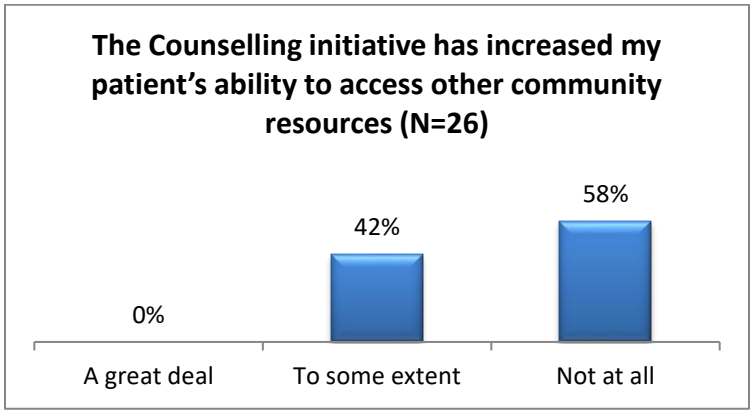
- A couple who had relationship counselling – *"…has given them a better perspective of each other's' position…..looking more at themselves and their impact on relationship."*

Increased access to other community resources

Physicians interviewed and Division staff indicated that the program had increased support for vulnerable patients to gain assistance from resources outside of the counselling program, either because physician's knowledge of other resources had increased or because patients were referred on to other resources by Sources. Division staff noted that physicians had expressed appreciation that Sources staff know the community and other resources they can refer clients to, and that they have ready access to mental health and addictions services (which Sources is contracted to provide by Fraser Health). This was confirmed in physician interviews.

The findings from the physician clicker survey show that the initiative had a more moderate impact on increasing their patient's ability to access other community resources, as shown in Figure 5 below where just under half the respondents selected "to some extent."

Figure 5: Impact of Counselling Initiative on Ability to Access Other Community Resources: Physician Clicker Survey



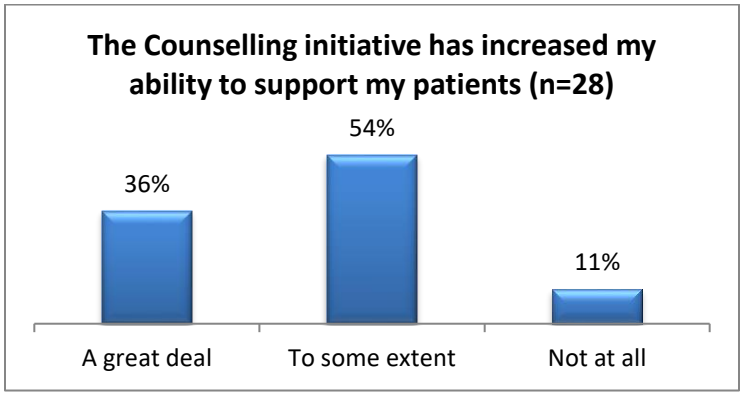
Strengthening physician-patient relations

In addition to increasing support for vulnerable patients, the Counselling Initiative also strengthened the GP/Patient relationship. Physicians have access to the results of the counselling sessions from the

reports they receive from Sources and they can follow up with their patients. This can strengthen the GP/patient therapeutic relationship. One physician mentioned that the reports from counsellors were helpful and provided her with information about where patients were “at” and their ability to cope.

The majority of physicians participating in the clicker survey (90%) indicated that the initiative increased their ability to support their patients (see Figure 6) and it could also be expected that this would strengthen relationships.

Figure 6: Impact of Counselling Initiative



In summary, there are several ways the initiative contributed to the first goal of the Attachment Initiative: strengthening the patient/GP relationship including better support for vulnerable patients. The initiative was successful in strengthening GP-patient relationships by providing physicians with information on the counselling outcomes that could further the therapeutic relationship. There were several ways that the initiative was effective in increasing support for vulnerable patients. First, we can confirm that the majority of patients accessing the service were in the target group and can be considered vulnerable due their needs and inability to pay for counselling services. Second, not only did the initiative increase support, but it did so in a very effective way as patients and GPs were very satisfied with the services, physicians believed that the service benefited patient’s health and well-being, and patient outcomes were very positive as reflected in the outcomes tracked by Sources. Finally, support for vulnerable patients was also increased through increasing patient’s knowledge of other community resources.

3.3 To what extent did the program increase the capacity of the primary care system?

The findings show that the capacity of the primary health care system was increased in four ways:

1. Through an increase in physician knowledge of how to support patients with mental health challenges
2. Through the freeing up time for a limited number of physicians
3. Through improving the practice environments of physicians, and
4. Through an increase in opportunities for inter-professional communication.

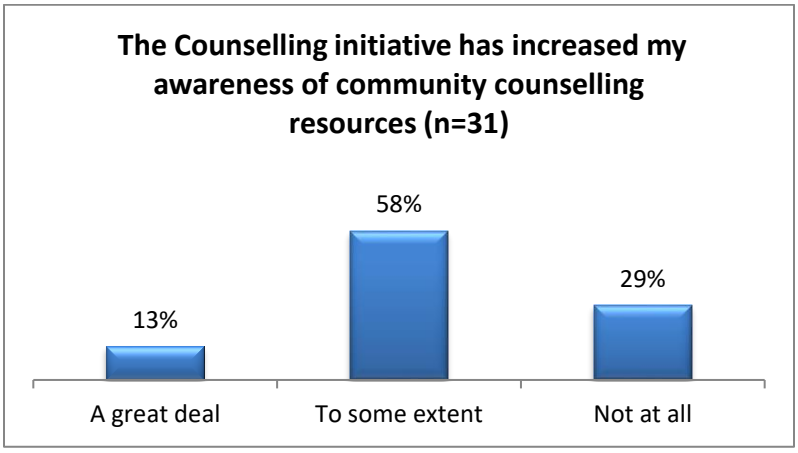
Increased physician knowledge

The physicians participating in the interviews who had referred a significant number of patients indicated that the initiative had increased their knowledge of how to support their patients and demonstrated appreciation of the benefits of short-term counselling:

"Increased my knowledge of how to help patients".

Clicker survey participants indicated that their contact with the program had a modest impact on their knowledge of other community resources, as 58% of physicians selected initiative had increased their awareness of community counselling resourced "to some extent," as shown below.

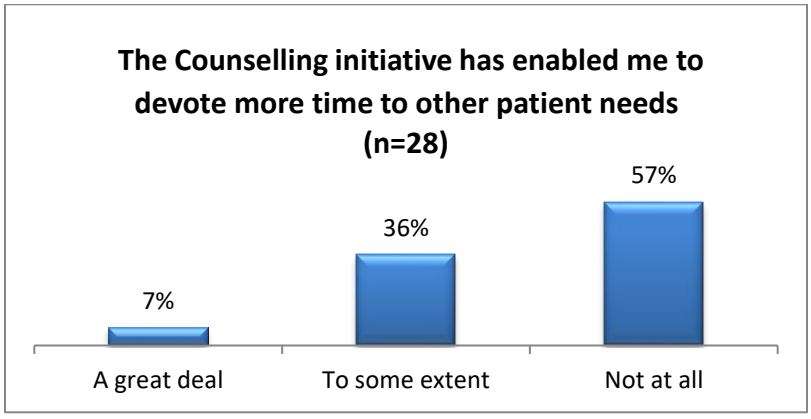
Figure 7: Impact of Counselling Initiative



Freed up time

A more limited number of physicians also believe that the initiative had freed up time for them to devote to other patients. As shown below in Figure 8, just under half the physicians participating in the clicker survey (43%) indicated that the initiative had affected their ability to devote more time to other patient needs.

Figure 8: Impact of Counselling Initiative



The interviews with physicians also revealed some impact on freeing up time. Three out of eight physicians participating in the interviews indicated that the initiative had freed up some of their time and reduced their workload:

> "*I used to do quite an assessment, then many sessions with extended visits. I don't need to do that anymore. Also, I can refer to people with skills and strategies that I don't have*".

> "*Eases my patient load. Don't have to do it myself. Otherwise I have to provide some counselling".*

> *"Simplicity of the program and quick delivery time. Frees up our time".*

The Sources Manager commented that the counselling service saves physician time by addressing needs that clients had previously been seeing their GPs for – and that GPs do not always have the available time, resources or expertise to provide counselling support.

Improved practice environment

From the perspective of the Attachment Working group, the initiative is helping to improve the practice environment as shown in the following quotes:

> *"…..GPs identify they don't have time to do the counselling…so the counselling really improved their sense of work enjoyment…. Yeah, so improved the practice environment".*

> *"I think most doctors are happier with their practices"*

No other data was collected on the impact of this initiative on the practice environment.

Improved inter-professional communications

From the perspectives of the Sources Manager and Division staff, the collaboration between Sources and the Division has been very positive. Further, contact between physicians and therapists has increased and is leading to a better understanding of how short-term therapy can be of benefit.

The Sources Manager indicated that the initiative has afforded increased opportunities for him to interact with the Division to jointly explore other potential initiatives. He also felt that the initiative has led to increased interactions between physicians and Sources and that this has enabled himself and other counsellors to increase physician's awareness of counselling service and free substance abuse services. He noted that interactions between therapists and physicians have been positive and that physicians have been responsive in follow-up situations where other resources were recommended for patients and a physician referral was required.

In summary, there were four ways that the initiative increased the capacity of the primary health care system. It increased physician knowledge for how to support patients with mental health challenges and awareness of community counselling resources. It freed up time for some physicians to devote to

other patients. It improved the practice environments for some physicians. And it increased opportunities for inter-professional practice and the development of collaborative relationships amongst service providers.

3.4 What worked well, what were the challenges, and what could be improved?

What worked well?

Referral Process

Overall, feedback from physicians on the referral process was very positive *"Referral process was very easy:" "Very straightforward referral form."* Two physicians offered different viewpoints: one suggesting that it would be less onerous if she did not have to ask patients to sign the Referral & Patient Consent Form and the second suggesting that one form for referring to this program or to Mental Health services would be helpful.

Accessible and Timely Service

Physicians interviewed felt there was a short wait for patients to begin counselling and the referral process was simple and efficient: "*...an easy and fast way of providing acute intervention to provide people with tools to get better".* A participant in the Attachment Working Group focus group commented that the speed at which patients were able to access counselling was impressive and unusual, compared to other services he refers to. Division management and staff commented that the program is very accessible to the target group, has a good intake process and noted that this is a community resource that is not offered elsewhere.

Documentation of the results of Patient Satisfaction Surveys conducted by Sources with clients who were in various stages of therapy showed that almost 70% of the 51 respondents indicated that their initial call for counselling was responded to promptly and almost 90% indicated that the counsellors they were matched with were a good fit for them.

The Sources Manager noted that the agency recruited a very diverse counselling team; able to work well with people of all ages.

Effective Management

Division staff articulated that the initiative benefits from Sources' sound management of clinicians, valid and reliable outcomes tracking, as well as an effective intake process. They commented that the program "pretty well runs itself" and requires little administrative work on the part of the Division. They recommended that another community embarking on a similar program would be wise to choose a partner with a strong management track record and the ability to handle a sizable case-load. Physicians interviewed noted that there is good quality control in the program.

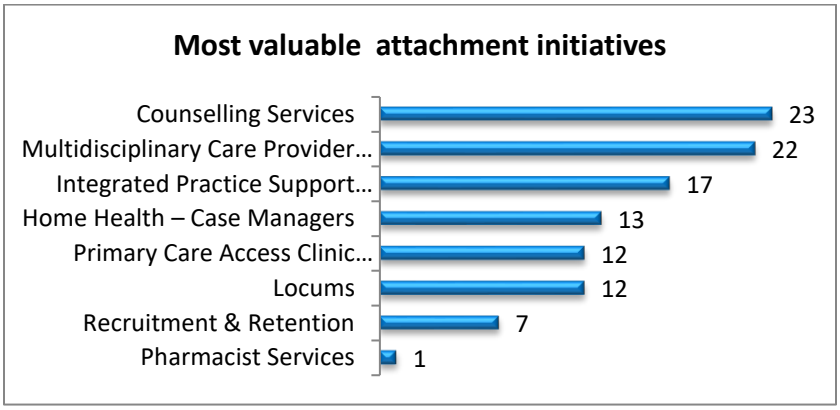
Improved Access to Other Community Resources

Where other resources were available for this patient group, access to these was improved, either through increased awareness on the part of physicians or because of referrals through Sources.

Effective Service

The evidence-based Feedback Informed Therapy model was successful, as evidenced by the strong ORS scores. Eighty-six percent of clicker survey participants felt that their patients had benefitted from counselling to some extent. Additionally, as shown below, clicker survey participants viewed the Counselling Program as the most valuable of the Attachment Initiatives.

Figure 9: Physician Ranking of Attachment Initiatives



Well Utilized Service

As noted previously, the service was well-subscribed, is expected to be utilized to the expected capacity, and the rate of patient engagement and retention was high.

Challenges

Division staff did not encounter any significant challenges with the initiative and expressed that once agreement was reached with Sources and the referral system was developed, the program ran well "on its own".

The Sources Manager mentioned that at times, the complexity of the needs of some clients referred raised uncertainty about how to decide who is really appropriate for the 6 session model, however these referrals were accepted; clients were assessed and it was determined how their needs could best be met (e.g. intensive case management and/or psychiatric consultation). Other reported challenges included the following:

Meeting the demand for service - Physicians and the Sources Manager commented on the initial back-log of referrals, due to staff vacancies at Sources and the sudden influx of referrals when the program

began. This situation was remedied through staff recruitment; however, the need to prepare to quickly increase staffing levels should be transmitted to other communities contemplating such a program.

Additionally, the Sources Manager noted that counselling staff were initially taken aback by the differences in needs of this client population compared to the needs of the financially resourced clients they were used to seeing in the program. Group supervision sessions supported the counselling team to adapt to the complexity of presenting issues.

Continuation of funding - All respondents expressed concern about funding for the continuation of the program. From the perspective of the Sources Manager, this situation makes it difficult to retain staff and plan for improvements to the program.

Reporting – It was planned that when patients completed therapy and provided that they had signed an Authorization to Release Confidential Information Form, counsellors would send physicians:

- The ORS graphs along with a standard explanation about how to interpret these
- A Closed File form which outlines the dates of initial and final sessions; number of sessions attended; details of types of any referrals needed and any specific referrals made, and
- A brief Discharge Summary.

Because concern arose at Sources that they had not ensured that clients had an opportunity to provide adequate informed consent regarding the type of information that would be shared, closing summaries were not initially provided for clients completing therapy. Subsequently in September 2013, once a new Consent form was devised and where clients gave consent, closing summaries were sent to all physicians along with the other documentation mentioned above.

There were some differences of opinion as to the utility of reports back to physicians. One physician mentioned that the reports from counsellors were helpful and provided her with information about where patients were “at” and their ability to cope. She commented that this information was valuable to her in ensuring that patients followed through. Another physician who had referred at least 10 of his patients, indicated that the reports from Sources staff were very short and he would like to receive more detail in the reports as well as more direction about what other resources patients could access. A third physician indicated that she would like reports to include information required for completing disability claim forms.

The Sources Manager indicated that he had not received any feedback from physicians on the ORS reports or discharge summaries.

How could the program be improved?

Overall, stakeholders were very satisfied with the program and how it is delivered. Some suggestions were noted, however, no trends in how the program could be improved were observed. The Sources Manager made a few suggestions of potential enhancements that could be explored, should the program continue:

- The Manager felt that there could have been more clarity about the outcomes to be captured at the outset of the program and that going forward, these should be agreed upon and built into the evaluation process. He also thought that it would be useful to measure how helpful the services are to physicians (*"are we taking a load off"; "is there a medical cost off-set to the service we are providing?").*

- The Sources Manager felt that clarity on eligibility could be enhanced and that there is a need for ongoing communication with physicians about what might not be appropriate – sometimes Sources staff receive referrals that could have been sent to a funded resource elsewhere. While Sources staff do refer these clients on, more education with physicians could remove a few steps for the clients. Additionally, he felt that a collaborative conversation with the Division of Family Practice and White Rock Mental Health could more clearly define criteria for acceptance into the program.

- It was decided at the outset not to use a means test and that GPs would ensure that patients were aware that the free counselling services were only for those who could not afford to pay. While it appeared that the majority of clients referred were indeed in the target group, the Sources manager suggested that in the future, the Sources Intake Coordinator could ask newly referred clients some questions related to their ability to pay.

3.5 Advice to other communities

The Sources Manager and Division staff were asked what advice they would give to other communities considering a similar program.

Division staff indicated that it would be important to be aware of the potential volume of referrals and to choose a community contractor with a strong management record and the ability to handle the caseload.

The Sources Manager suggested that other communities:

- Look to local non-profits that are already providing counselling and/or private practitioners who would lower their hourly rates (many counsellors do this through Employee Assistance Program contracts)
- Research the success of the feedback-informed therapy model as well as overall savings to the health system that can be achieved through brief therapy. In his words: "*there is a business case to be made".*

He suggested that there might be a "price point" where this type of therapy is really worthwhile, compared to having the client continue to go to physicians and receive prescriptions. Short term therapy could provide ongoing skills that could enable the person to change rather than having to maintain expensive prescriptions for a long period of time.

3.6 Is there a continuing need for the program?

Overall, stakeholders agree that there is a continuing need for the counselling program.

Sixty-five percent of physicians participating in the clicker survey indicated that there was a continuing need as did all physicians participating in interviews. As one physician said *"People will continue to come in with significant mental illnesses and who need help".* Division staff felt that there was definitely a continuing need for the program because there has been no decrease in the number of referrals and because the program is reaching a significant number of clients who would not otherwise be served. It was noted that while patients could go to a free student counselling program at UBC, many potential clients cannot afford bus fare nor have time for the three hour round trip.

The Sources Manager also believed that there is a continuing need, as evidenced by the number of ongoing referrals to the program, the clinically significant improvements the program is achieving, and the level of client satisfaction with services.

Finally, Program utilization statistics confirm an ongoing need. In the first 6 months, the average number of referrals was 31; this was influenced by a large number of referrals in the first two months. In the second six months, the referral average dropped to 24 per month and has not diminished over time.

3.7 How can the program be sustained?

One physician interviewed suggested that ongoing funding through Medical Services Plan or the Mental Health budget could be pursued. Another suggested exploring foundation funding and a third suggested that the need could be diminished if counsellors could do some Cognitive Behavioural Training for doctors – thereby enabling them to do more counselling themselves.

Division staff commented that that private foundation funding or a benefactor was the only route she could think of. It was also noted that although the Health Authority, Ministry of Health, and the General Practice Services Committee are interested in the program, there is currently no ability to demonstrate that it is resulting in cost reductions. The Sources Manager agreed and expressed that there is a need to find a way to make a business case for continuation of the program. He also expressed that there is a need to find a way for the Ministry of Health (MOH) to empower physicians to recognize that a small percentage of their patient load is really going to be in need of this kind of support. *"If that ends up saving MOH in the long term, perhaps it will be worth it. The MOH needs to be curious about the model and see what savings and health outcomes can be realized".* Division staff felt that the evaluation will provide preliminary information to show that the program is working and that it would likely be worthwhile to make a case for sustainability, by taking six months to do a cost avoidance study.

4 Limitations

This evaluation relies on input from the service provider (Sources Manager), Division staff, the Attachment Initiative Working Group, and physicians in the White Rock-South Surrey Division of Family

Practice. Other than the satisfaction surveys administered by Sources and outcome ratings, it did not gather data directly from patients who accessed the service. Information gathered from Sources client satisfaction surveys most likely includes some responses from fee-for-services clients and there was no ability to filter these out. The success of the counselling service, although measured using valid and reliable tools, does not measure longer term outcomes for counselling participants.

It should also be noted that the physician survey may have under-estimated the impact of the initiative as physicians who had not participated in the program responded to questions about program outcomes.

5 Conclusions

The available data show that the initiative contributed to two of the goals of the Attachment Initiative:

1. Confirming and strengthening the GP-patient relationship – including better support for the needs of vulnerable patients, and
2. Increasing the capacity of the primary care system.

The Counselling Initiative is meeting the objectives of enabling vulnerable WRSS patients who need assistance in recognizing and resolving their personal difficulties to access free professional short-term counselling.

The program was well subscribed and is on track for meeting the initial utilization targets. For the most part, referrals were appropriate and the referral system worked well, with patients being assessed and counselled in a timely manner, or referred on to other resources where appropriate - and if available; however the initiative had limited impact on enabling patients to access other community resources. Engagement and retention rates were strong.

The initiative was well-managed by the service provider, and patients and physicians were well satisfied with the service. The initiative improved the health and well-being of the majority of participating patients; an evidenced-based outcomes measurement system showed that 70% of WRSS patients who completed counselling achieved clinically significant improvements.

The initiative contributed to strengthening physician-patient relationships simply by enabling GPs to support their patients by referring them to a resource that met their needs and through having access to counsellor reports which could provide them with a better understanding of their patients.

The initiative increased capacity in the primary care system by increasing physician's knowledge of available community resources and the benefits of short-term counselling. The data showed that the initiative had an impact on some physicians in enabling them to devote more time to other patient needs (43% of physicians participating in the clicker survey). There were also limited effects on increasing the practice environments of some physicians.

The counselling program has provided new opportunities for inter-professional practice with increased communication and collaboration between the service provider and the Division and between physicians and therapists.

Suggestions for improvements to the program were noted and related to the referral system, the process for determining eligibility for the program, and program evaluation.

Stakeholders agree that there is a need to continue the program. The only major challenge is finding funding for its continuation.

In summary, the various stakeholders indicated that the counselling program is meeting its objectives, is well-managed, is successfully addressing a significant need in the community, and has contributed to Attachment goals.

Appendix A – Logic Model

Objectives (1) Increase attachment (2) Confirm and strengthen GP/patient relationship (3) Increase capacity in primary health care system

Inputs	Outputs		Short/ Term Outcomes and Indicators	Medium Term Outcomes	Long Term Outcomes
	Activities	**Participation**			
Personnel: Counsellors time Physicians time to make referrals **Space:** **Funding**: Funding from WRSS **Needs**: Patients without EAP or medical coverage who are unlikely to attend counselling without funding	Physician referrals Patient/counsellor short-term counselling therapy sessions Monitoring and evaluation	• # of referring clinics/% of all clinics in WRSS • # of counsellors • # of Physicians referring/% of total WRSS physician pool • # of referrals • # of counselling sessions attended • #/% of patients completing 6 sessions	**Patients:** Improved access to care • Increased ability to access professional assistance (mental health) Improved perceptions of: • Personal well-being • Interpersonal relationships (family, close relationships) • Social relationships (work, school, friendships) • Overall, general sense of well being • Satisfaction with therapy **Care Providers** **Physicians** Increased Capacity • Satisfaction with counselling services Improved inter-professional practice • Increased understanding of the benefits of short-term counselling therapy and when to refer • Increased knowledge of mental health community resources • Increased ability to connect patients to community resources • Increased motivation to work inter-professionally **Counsellors (Contractor)** Increased Capacity • Increased ability to provide short-term therapy and group education sessions to WRSS patients with mental health issues who do not have insurance or the ability to pay Improved inter-professional practice • Increased opportunities to interact with WRSS physicians • Increased ability to connect patients to community resources • Increased motivation to work inter-professionally	**Patients & Families:** Improved health and well-being Increased ability to engage in self-care • Increased ability/willingness to discuss mental health concerns with family physician • Increased understanding of presenting issues • Increased knowledge of how to identify mental health goals • Increased knowledge of how to develop strategies to address goals • Improved ability to manage challenges • Increased knowledge of community resources • Satisfaction with access • Increased ability to apply strategies and maintain changes beyond the end of service **Physicians:** Improved care provision • Increased understanding of mental health issues facing patients • Increased ability to support clients with mental health issues **Health Care System**: Increased efficiency/appropriate health service provision • Reduce health care resource utilization (e.g. ER visits) • Improved utilization of community resources • Promoting timely access to mental health resources	Increased patient-centered care Improved provider experience Improved population health Improved health system sustainability

Appendix B – Documents reviewed

Proposal to WRSS for Therapy Services from Sources Community Resources Society – Professional Counselling Services.

Sources and Division of Family Practice Annual Report – April 2014. Included monthly statistics on: the number of referrals; number of clients completing therapy; number of clients still in therapy and program outcomes.

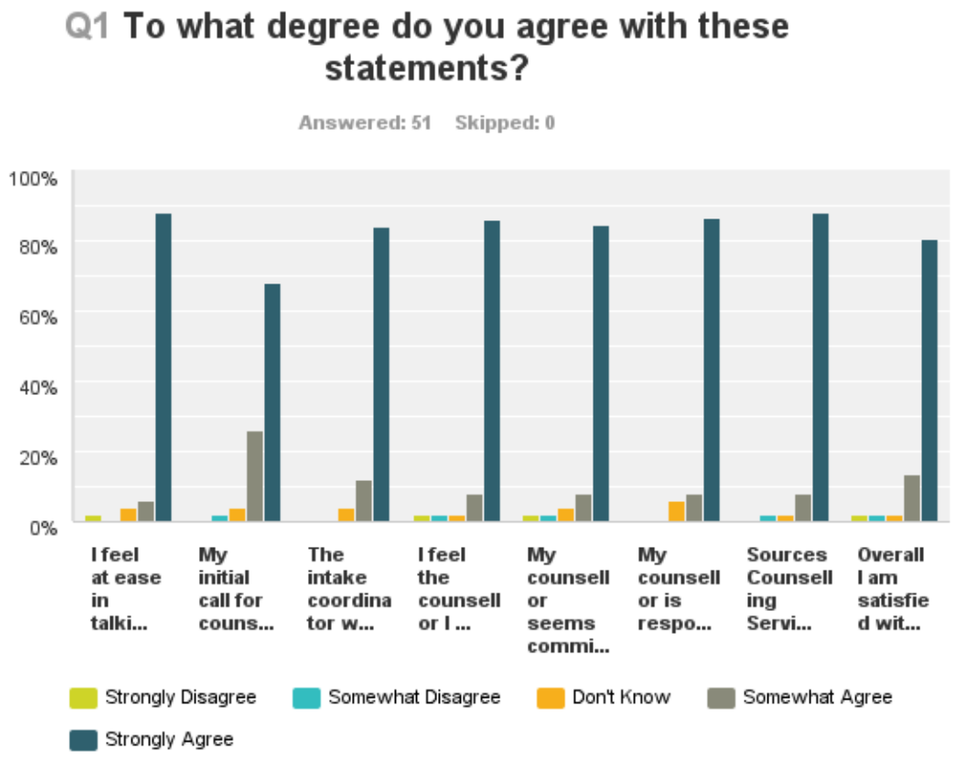
Sources Counselling Services Program Review – 2013-2014. An overview of counselling services including those offered through the Division of Family Practice and results of client satisfaction surveys.

Assist outcomes for the Division of Family Practice - Cumulative data on ORS scores for the period April 1, 2013 to March 31, 2014. Chart included stats on clients reaching baseline, average number of sessions, average number of months of service, effect size, and normative comparisons.

Templates for:

- Authorization to Release Confidential Information form
- Consent for Exchange of Information form
- Client Satisfaction Survey; Division Sponsored Counselling Referral and Patient Consent form
- Clinical Summary Form; ORS and SRS Scales
- Explanation of ORS scales for physicians
- Intake form for Division of Family Practice
- Counselling Service Therapy Plan
- Case Review form
- Closing Report

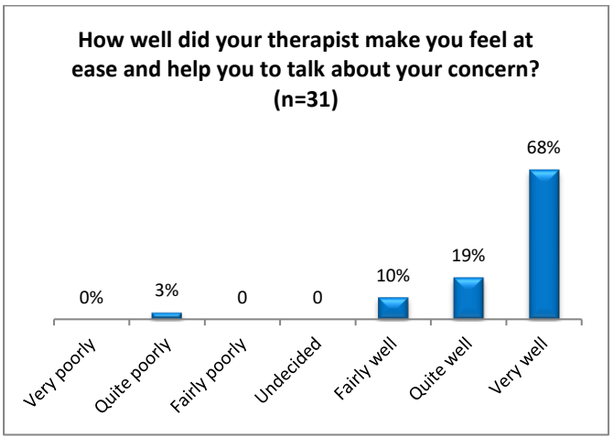
Appendix C – Summary of results of Sources client satisfaction survey completed in the course of therapy

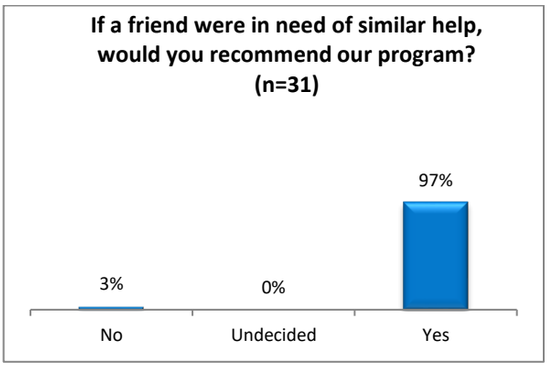


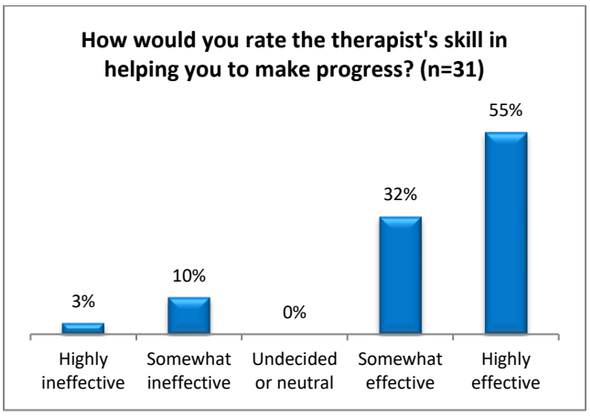
Questions:

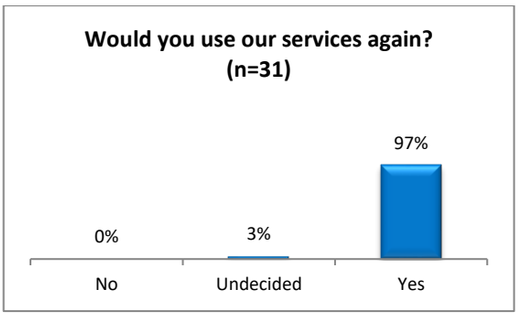
1. I feel at ease in talking with my counsellor about my concerns
2. My initial call for counselling was responded to promptly
3. The intake coordinator was pleasant to speak with
4. I feel the counsellor I was matched with is a good fit for me
5. My counsellor seems committed to ensuring that I am getting what I want to out of counselling and that the approach we are taking is working for me
6. My counsellor is responsive to feedback and makes adjustments to our sessions accordingly
7. Sources Counselling Services is conducted very professionally
8. Overall I am satisfied with my progress towards my counselling goals

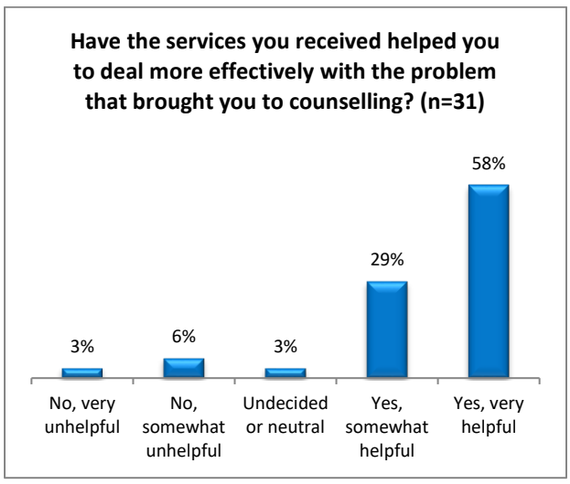
Appendix D – Summary of results of Sources follow-up survey

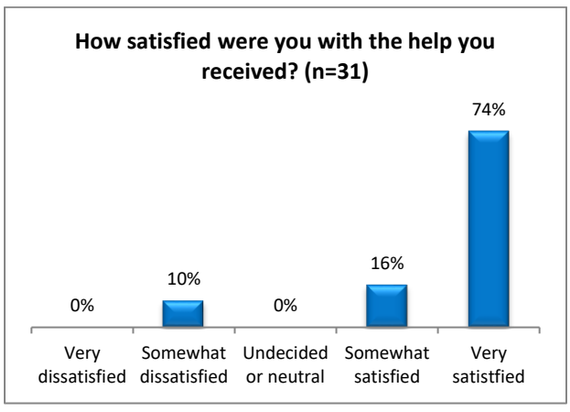












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