

**CND OHT Community Mental Health and Addictions Clinic
(C-MAC) Pilot
Evaluation Findings, Spring 2023**



Prepared by Lindsay Beuermann
Performance Monitoring and Quality Manager
Cambridge North Dumfries Ontario Health Team

Table of Contents

Executive Summary	2
Evaluation Focus	3
Evaluation Plan Summary	3
Methodology	4
Limitations of the Evaluation	5
Evaluation Findings	5
<i>Feedback on Planning Activities</i>	5
Clinic Data Answering C-MAC Pilot Evaluation Questions	6
Data Insights	8
The Patient Experience	8
Patient Experience Survey	9
Patient Experience Stories	9
The Provider Experience	10
Provider Experience Survey	10
Overall Themes that Emerged from Provider Experience Survey and Key Informant Interviews	12
Conclusions and Recommendations	14
Appendix	17
Appendix A: C-MAC Logic Model	18
Appendix B: C-MAC Evaluation Matrix	19
Appendix C: Client Feedback Cards	23
Appendix D: C-MAC Patient Stories	24
Appendix E: C-MAC Final Data Summary	26

Executive Summary

The Cambridge North Dumfries Ontario Health Team (CND OHT) Mental Health and Addictions Work Stream recognized the need for quick access mental health and addictions care in Cambridge and North Dumfries. Leveraging learnings from a walk-in model in London, Ontario and resources made available to primary care practices in Cambridge, a quick-walk in mental health and addictions service called the Community Mental Health and Addictions Clinic (C-MAC) was established to address a growing need in the community. This 8-week pilot, co-located at Cambridge Memorial Hospital ran from March to April 2023. In that time, the clinic served 123 unique clients, 451 client encounters overall and prevented 23 emergency department visits. Understanding the patient experience at the clinic was captured in the evaluation through a patient survey and through comment cards where clients could share their stories. Over 90% of patients felt their needs were addressed by the clinic and 97% of patients were satisfied with the care they received.

There is a demonstrable need for these services in CND OHT and the evaluation shows the value that this pilot program provided to those seeking help with mental health and addictions. The C-MAC pilot demonstrated the power of how organizations in an OHT can work together to address issues in the healthcare system.

Evaluation Focus

This evaluation aims to evaluate the effectiveness of the Community Mental Health and Addictions Clinic (C-MAC) and to understand if this intervention meets the needs of Cambridge and North Dumfries residents and if it should be continued in a more permanent way.

Evaluation Plan Summary

The goal of the C-MAC is to provide timely and appropriate access to mental health care to reduce the rate of mental health and addictions (MHA) visits as the first point of contact in our local hospital emergency department. To achieve this overarching goal, the following program objectives were identified for the pilot program:

- Redirect mental health and addictions visits that are categorized as CTAS 4 & 5 from the emergency department
- Help to reduce the rate of mental health and addictions visits as the first point of contact to the hospital emergency department
- Increase access to immediate mental health and addictions services and remove barriers to accessing care (waitlists, urgency)
- Increase access to providers that can write prescriptions for common mental health and addictions conditions

The target population for this pilot project focused on people in Cambridge and North Dumfries who require access to mental health services. The services were designed to be accessible to everybody (adults and youth). This included the following presenting issues but were not limited to:

- Anxiety disorders
- Acute stress reaction
- Depressive episode
- Reaction to severe stress
- Mental and behavioural disorders due to use of alcohol and/or drugs

This evaluation plan used both process and outcome evaluation frameworks to assess the pilot clinic. The process evaluation assessed if the clinic has been implemented as originally planned, understanding who the services are being delivered to and to whom. The outcome evaluation sought to understand if the clinic achieved the outcomes it is planning to address. This will help the evaluation team understand the potential value of the clinic and assist in planning the future state of this clinic. The logic model of the C-MAC can be found in **Appendix A**.

The evaluation questions that framed this evaluation are:

Process Questions - To determine if the clinic has been implemented as planned

- Were we able to implement the activities as planned? If not, what limited its implementation?
- Are there sufficient resources to carry out the activities of the C-MAC?
- How many patients experiencing mental health issues were able to access the C-MAC?
- What are the demographic characteristics of the population served by C-MAC?

Outcome Questions - To determine if the program is meeting its objectives

- Has C-MAC been able to prevent emergency department use and provide timely care?
- How useful are the services provided by C-MAC?

The evaluation matrix, including indicators for each evaluation question are in **Appendix B**.

Methodology

This evaluation used a mixed-methods approach, using both quantitative and qualitative approaches to understand the patient and provider experience of the C-MAC.

Quantitative Approach

Clinical data to support the evaluation of the C-MAC was collected through the electronic medical records system, Practice Solutions Suite. Evaluation questions were built into clinical documentation to support the pilot evaluation and help inform the evaluation collection. In addition to the clinical documentation, a brief patient experience survey was conducted and deployed using a feedback kiosk in the clinic. A provider experience survey was distributed to anybody who had worked at least one shift in the clinic at week seven of the pilot. The survey asked respondents to rate their experiences of training, clinical workflow and personal impact.

Qualitative Approach

Understanding the patient and provider experience through their feedback is crucial to understand the impact of the C-MAC. Patient stories were collected through feedback cards in the C-MAC waiting room. Patients were invited to share their experiences with the clinic anonymously. In addition to patient stories, we collected extensive feedback and stories from those working in the clinic to understand their experiences, their recommendations for improvements and visioning for a future iteration of this clinic. Qualitative data was analyzed using webQDA and a thematic approach was taken to look for naturally occurring themes.

Limitations of the Evaluation

This evaluation was meant to understand if the clinic was implemented as planned and some basic metrics around usage. In an ideal state, this pilot program would have been extended beyond the 8-weeks and a more robust data collection plan would have been pursued. This evaluation tried to strike a balance between telling the story of the C-MAC and not placing too high of a burden on staff to collect data while establishing clinical workflows. As such, this evaluation gives a snapshot of what happened and provides some insights on how to build on the success of this pilot clinic.

Evaluation Findings

Feedback on Planning Activities

Extensive planning activities occurred prior to the launch of the C-MAC pilot. In addition to regular Mental Health and Addictions Work Stream meetings, a C-MAC Operations and Planning group was established with key stakeholders and decision makers to work through logistics of the clinic to ensure a successful pilot. This group included representation from:

- Cambridge North Dumfries Ontario Health Team
- Cambridge Memorial Hospital
- Local Primary Care, including Family Health Teams, Community Health Centre, Nurse-Practitioner Led Clinic
- Canadian Mental Health Association
- Home and Community Care Support Services Waterloo Wellington
- Region of Waterloo Public Health
- Local Mental Health and Addictions Services, including Porchlight Counselling, House of Friendship

Prior to the launch of the C-MAC, a brief anonymous survey was distributed to the C-MAC Operations and Planning group to understand the benefit of these meetings to support this evaluation and future initiatives in the CND OHT. Seven (7) members completed the survey.

When asked about their level of agreement with the following statements, respondents were overwhelming positive about the planning meetings:

	<i>Agree/Strongly Agree</i>
were effectively facilitated	100%
offered sufficient opportunities to ask questions/participate	100%
established a shared vision for the clinic	86%

	Agree/Strongly Agree
were held at the right cadence (weekly meetings)	100%
were a good use of my time	100%

Overall, the respondents noted the following:

- Felt that the planning group included all decision makers that needed to be at the table
- The group was able to provide quick, flexible problem solving with all of the necessary partners
- As the planning group approached the launch date, some felt that too many individuals were involved and morphed into more of a steering committee rather than focus on day to day operations

Participants commented that planning for the clinic came together quickly, a testament to how all partners can work together with a common vision for patients in Cambridge and North Dumfries.

Clinic Data Answering C-MAC Pilot Evaluation Questions

Evaluation Question	Indicators	Pilot Results
Are there sufficient resources to carry out the activities of the pilot program?	Number of qualified staff to run walk-in services	40 staff from across 6 organizations in CND OHT
	Number of appointment per week available for clients	Weekly average of 49 appointments - Lowest: 16 (week 1) - Highest: 92 (week 8)
	Percentage of appointments completed	96%
How many patients experiencing mental health issues were able to access the pilot program?	Number of unique clients served	123
	Number of client encounters <small>(Encounters reflect the number of overall visits. For example one patient may have interacted with the clinic 3 times.)</small>	451
Has the pilot program been able to prevent	Number of emergency department diversions	23, representing 18.7% of total unique patients

Evaluation Question	Indicators	Pilot Results
emergency department use and provide timely care?	Number of prescriptions written for clients (at first visit)	45
How useful are the services provided by the pilot program?	Overall satisfaction with care	97%
	Clients that felt their immediate needs were adequately addressed	94%
	Provider satisfaction with the program <ul style="list-style-type: none"> - <i>This clinic improved collaboration and care coordination</i> - <i>The clinic was able to provide sufficient care to clients</i> 	<ul style="list-style-type: none"> - 100% agreement - 100% agreement
How well was the program implemented?	Overall satisfaction with the implementation of the program	<i>See qualitative analysis</i>
	How well different perspectives were incorporated into planning	<i>See qualitative analysis</i>
	Lessons learned from pilot program	<i>See qualitative analysis</i>
What are the demographic characteristics of the population served by the pilot program?	Number of clients that identify as male	59 (48.0%)
	Number of clients that identify as female	60 (48.8%)
	Number of clients that identify as non-binary	4 (3.2%)
	Age of clients	Children 0-14: 14 (11.4%) Youth 15-24: 23 (18.7%) Adults 25-64: 80 (65.0%) Adults 65 and older: 6 (4.9%)
	Top geographic locations of clients by forward sortation area (FSA)	N1R (Cambridge): 33 (26.8%) N3C (Cambridge): 19 (15.4%) N3H (Cambridge): 15 (12.1%)

<i>Evaluation Question</i>	<i>Indicators</i>	<i>Pilot Results</i>
		N1S (Cambridge): 11 (8.9%)
	Presenting health concerns	Anxiety/Panic Attacks: 44 (35.8%) Depression/low mood/feeling down: 35 (28.5%) Addictions (alcohol, substance abuse, gambling): 21 (17.1%) Self harm/suicidal thoughts: 17 (13.8%) General mental health: 11 (8.9%)
	Number of clients without a primary care provider	20 (16%)

Data Insights

Beyond the evaluation questions, additional data was collected as part of the clinical encounter. This data provides a snapshot of those who attended the clinic.

- The average age of clients was 35, with the youngest being 6 and oldest 81. Low acuity mental health conditions made up the majority of reasons for visiting the clinic with clients seeking assistance with anxiety, depression and addictions.
- While 21 clients indicated that they did not have a primary care provider, C-MAC staff were able to utilize their connections in CND and support 11 people in finding a family doctor.
- Top referral sources to the C-MAC aside from Cambridge Memorial Hospital's emergency department included Canadian Mental Health Association (CMHA), local primary care providers and school boards. There was an increase in visits that correlated with a media campaign in week six, with people hearing about C-MAC through the newspaper, radio and online forums.

The Patient Experience

From the beginning of the planning activities for the C-MAC, partners agreed that the patient experience was important to capture in this evaluation and that their stories needed to be at the forefront of this work to help us understand their needs. Getting patient feedback is challenging at the best of times, let alone when somebody is feeling down or is struggling with a health

issue. We wanted to balance collecting feedback and stories with consideration and sensitivity for our clients. As such, surveys and feedback cards were not imposed on clients, rather, a passive approach was taken. If a client wanted to share their experience or story, we invited them to complete a brief survey and ensured comment cards were made available.

Patient Experience Survey

A patient survey was made available to C-MAC clients in the waiting room using a self-service kiosk and by QR code in clinical rooms. A brief, three question survey was developed to understand the patient experience in the clinic. The questions asked were:

1. If this clinic didn't exist, would you have gone to the emergency room?
2. Were your immediate needs adequately addressed by the clinic?
3. How would you rate your overall satisfaction with the care you received today ?

In total, 36 clients completed the survey, representing 29% of unique clients.

50% of clients indicated that if this clinic didn't exist, they would have gone to emergency room

94% felt that their immediate needs were adequately addressed by the clinic

97% of clients were satisfied with the care they received

Clients that completed the survey had an overwhelmingly positive experience with C-MAC, getting their immediate needs addressed and being satisfied with the care they received. Although we know 23 clients were redirected from Cambridge Memorial Hospital's Emergency Department, half of respondents indicated that they would have gone to the emergency department if C-MAC did not exist.

Patient Experience Stories

In addition to the patient experience survey available for clients to complete in the waiting room, midway through the pilot, clients expressed a desire to share their stories and have an opportunity to thank providers in the clinic. Feedback cards (**Appendix C**) were available to all patients. In total, 12 patient cards were completed. Overwhelmingly, patients shared their appreciation and their stories about what brought them to the clinic:

"Thank you so much! I came here feeling confused and hopeless about my current emotional state and I was immediately greeted into a very positive, warm and inviting environment with a healthcare team that listened to me and were genuine and helpful. I left with a sense of hope and relief that someone cared to help me get better. I will forever be grateful for the experience and hope that this clinic can continue to serve patients that are in need of care and feel like they have to where to go."

“This clinic was my 1st step in finally trying to learn how to manage my 40-year history of depression more effectively. Please support this clinic. The need is so great as access to mental health issues is challenging, under-funded and leaves people feeling desperate. Thank you to the team who understood this initiative.”

People who attended C-MAC expressed their appreciation for the clinic and staff, and the sense of relief they felt being able to access mental health services in a safe and supportive environment.

All patient stories can be found in **Appendix D**.

The Provider Experience

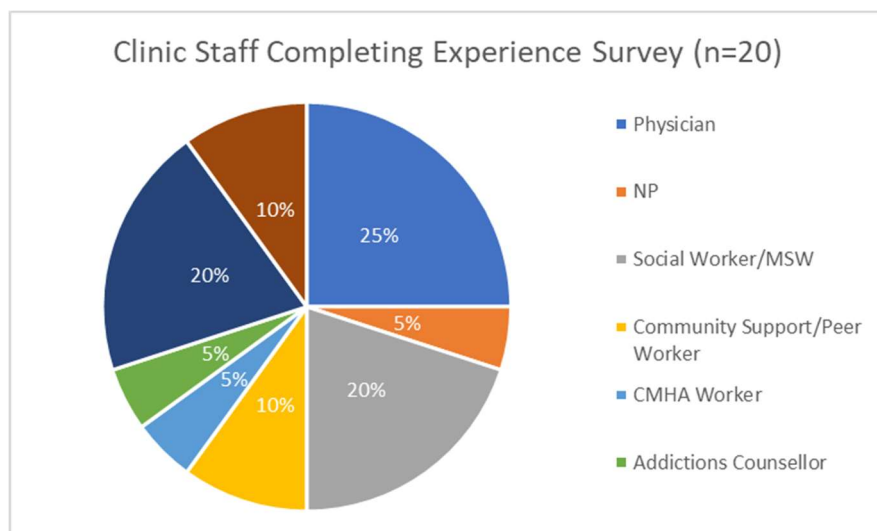
It was a collaborative effort to bring together six organizations and 40 staff members across CND OHT. Leveraging their expertise and experience from working in C-MAC, we administered anonymous surveys to gather feedback on the C-MAC. We also identified key individuals who were integral to the success of the clinic to provide their feedback via interviews.

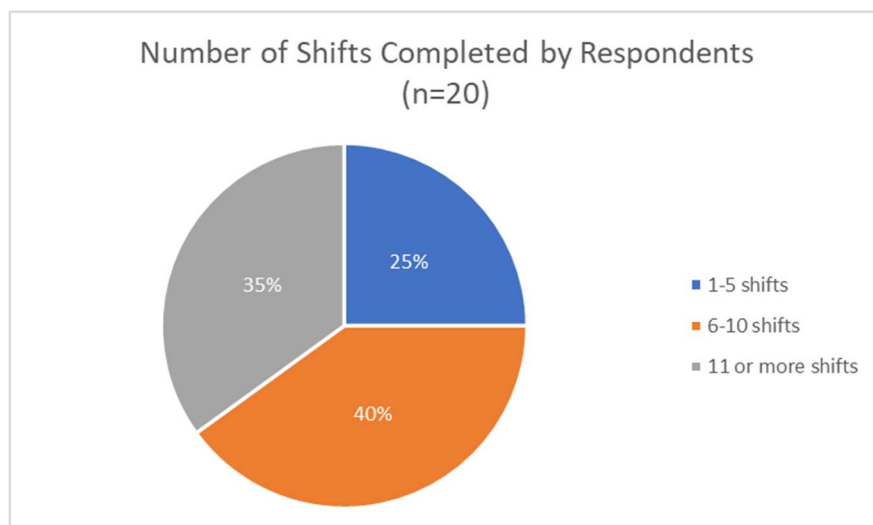
Provider Experience Survey

Provider Experience Survey (n=20)

A provider survey was distributed electronically to all 40 staff who completed a shift at C-MAC. The survey was open for two weeks and 20 staff members completed the survey (50% response rate). The survey included a mix of likert scale and open-ended questions to understand the experiences of those who worked in the clinic.

A summary of the results is below.





Respondents were also asked to complete likert scale questions, rating their level of agreement related to training, clinic operations, client experience and the personal impact of the clinic. Overall, most domains had high levels of agreement.

	<i>Agree/ Strongly Agree</i>
I had enough training before starting in the clinic	75%
I knew my role in the clinic	85%
I felt supported by the clinic staff	90%
I had enough time during my shift for clinical documentation	60%
This clinic improved collaboration and care coordination	95%
The clinic was able to provide sufficient care to clients	100%
The clinic was able to refer clients to the needed resources/ services they required	100%
The referral process for clients was seamless/ easy to understand/ simple	65%
I was able to make a difference for clients visiting the clinic	95%

	Agree/ Strongly Agree
Working in this clinic changed how I approach care for this population	45%

For domains related to ‘feeling like they had enough time for clinical documentation’ and the complexity of the referral process, respondents scored lower, acknowledging some challenges with the workflow of the clinic. This is explored further in the overall themes that emerged from open-ended questions and interviews.

Interestingly, respondents equally felt neutral on the statement “working in this clinic changed how I approach care for this population” (45%). This can be attributed to the fact that people who worked in the clinic are those already working with this population.

Overall Themes that Emerged from Provider Experience Survey and Key Informant Interviews

In addition to the Provider Experience Survey open-ended questions, key informant interviews were conducted with clinic providers and leadership to assess their experience working with the C-MAC pilot. Qualitative data is a powerful tool to ground evaluation work in the human experience and as such, is an important component of the C-MAC evaluation. Some of the themes that emerged included:

The Positive Experience of Services and Organizations Working Together

Individuals involved with the C-MAC expressed how positive it was working together; bringing providers, services and organizations from across Cambridge and North Dumfries to bring mental health and addictions care to the community. Respondents noted:

“Being able to work in collaboration, brainstorm solutions with other professionals in different fields provided a holistic approach to care, giving the clients flexibility for services.”

“Having a multi-disciplinary team available on-site was a huge strength of the pilot.”

“Great team approach and respect for different fields of practice.”

They noted that the collaborative and interdisciplinary approach to the clinic was a huge strength of the pilot. Clients were able to receive a holistic approach to care; tailored to their needs, whether that be a visit with a physician and social worker or help connecting with services in the community. The interdisciplinary nature of the C-MAC also helped to increase

the knowledge of MHA services across the region, allowing for organic conversations between providers to learn from each other about services and pathways available to clients.

Quick Access to Services

Another theme that emerged was the importance of quick access to services for the clients accessing the C-MAC. For MHA care in the community, many people who are referred to these services often face long waitlists. The care that they need is often not available in a timely manner. Those working in the clinic noted how rapid access to services was a huge benefit for clients coming to C-MAC. Particularly, they noted that counselling services offered by Porchlight were invaluable, helping to quickly connect a client with a counsellor and provide follow up services.

“Rapid access to treatment was wonderful. Rapid access allows you to get people when they are ready for change.”

“Loved that immediate counselling was offered on site - it was one of the few things we offered that was immediate and not a waitlist. And if we can get enough support to people immediately it reduces the help they will need down the road.”

“The clinic’s walk-in style enabled accessible service to the clients, and the collaborative efforts of the staff provided seamless connection and wrap-around services.”

Not only did the quick access nature of the clinic support clients, it also helped providers feel like they could offer something tangible in that moment, feeling like they were able to support that client in the moment and not just putting them on another waitlist.

Improvement of Clinical Workflow and Clearly Defined Scope of Services

The C-MAC pilot allowed for those working in the clinic to be flexible to the flow of patients to understand how a client accesses services and flows through the clinic. The pilot highlighted the need for a clearly defined scope of services to offer to clients. Additionally, changes to the clinical workflow and how a patient accesses and moves through the clinic, must be addressed if/or when the clinic re-launches. Some of the challenges highlighted the opportunity for improvements that could be made to the clinic which included

- Better triaging of clients; creating workflows for management of low and high acuity cases
- Increased clarity on which professional to engage with and at one point
- More of a structured schedule that allows for walk-in appointments and pre-booked appointments

- Everybody should have access to the same medical records system for documenting clinical encounters

It would be important to refine scope and clinical workflow to avoid burning out providers working in the clinic.

Physical Clinic Space

While individuals working in the clinic highlighted some of the benefits of being co-located in Cambridge Memorial Hospital such as collaboration with the emergency department, the physical space itself was not ideal for the C-MAC. Staff working in the clinic found the lack of confidential space challenging and were often interrupted when they were with clients. Staff highlighted the need for more admin space where they can conduct confidential phone calls and talk with other staff privately. While efforts were made to make the space inviting, at times, it felt very cold and clinical, not making it an inviting environment.

Conclusions and Recommendations

What is clear from the C-MAC pilot is that there is a demonstrable need for quick access mental health and addictions services in Cambridge and North Dumfries. The numbers speak for themselves;

123 individual clients served
451 client encounters
23 emergency department diversions

In an 8-week pilot!

Recommendations

1. **Continue the clinic and seek sustainability funding**

Without a doubt, there is a significant need for the C-MAC in Cambridge and North Dumfries. This sentiment was heard from clients accessing the clinic, the people involved in the planning process and those working in the clinic. This clinic provides a safe and effective way for those experiencing MHA issues to seek care. A more permanent solution for this clinic with sustainability funding is necessary to support people in Cambridge and North Dumfries.

2. **Refine the clinic model and allow time for training/ramp-up**

In a future iteration of this clinic, clinic workflow, scope of services and a robust training program for staff will support longevity of this work. Again, this pilot project was intended to prove the concept and to help establish how a client navigates these services. It also identified the pressure points in the clinic. What the pilot demonstrated is that a clearly

defined scope of services is needed to ensure that all team members are aligned with the services that the clinic offers. This clinic is not the appropriate place to support clients who require long-term monitoring of medications and this clinic is not able to support time intensive documentation requests such as ODSP applications.

While it was not possible during the pilot launch, dedicated time for staff training in the clinic model will support comfort and standardization of services offered in the clinic. A robust training program prior to a re-launch will support staff comfort working in this clinic and empower them to provide the best possible care to this client population.

3. *Establish a core team for C-MAC*

The C-MAC pilot was able to come together quickly through the goodwill and resourcefulness of CND OHT member organizations. Members were able to re-assign their staff to support the clinic during the 8-week pilot. This fulfilled the temporary needs of the clinic but presented some challenges with continuity and stability in the clinic. Staff were constantly changing and unaware of changes in process or workflow. Some staff also commented that they felt disconnected from each other.

There is a need for consistent and dedicated admin support for the clinic. The clinic coordinator should be free to support the C-MAC at a high level instead of having to assist with client needs. The evaluation surfaced the need for an intake role to assess the client's needs and triage and/or direct them to the most appropriate provider in the clinic.

Staff also recognized the need and importance for this clinic to continue to be based in primary care; whether that be a family doctor or nurse practitioner. There is tremendous value in the holistic approach to care that is afforded by primary care practitioners and a clinic anchored in this approach ensured warm handoffs in the community. This clinic should also continue to be interdisciplinary and continue to build on partnerships created in the pilot with Porchlight Counselling, Here 24/7 and the House of Friendship. These organizations were invaluable in connecting clients with immediate services and resources in the community.

4. *Continue to offer a mix of walk-in and pre-booked appointments*

The strength of this clinic is being able to offer quick access services on a walk-in basis. Walk-in services catch people when they are motivated to seek support and are crucial for addressing mental health and addictions. In a mental health and addiction system that is facing unprecedented waitlists for services, it was a relief for clients to be connected with an interdisciplinary team and assistance with resources in their community. Without a structured time for walk-in and pre-booked appointments, it was challenging for staff to plan for clients and often clients were asked to wait multiple hours

until a provider was free. Establishing specific clinic time for walk-in appointments separate from pre-booked appointments will help to improve the flow of the clinic.

5. Find a documentation solution that works for all partners

One system to document clinical encounters from all partners would support better documentation, better communication and better support for clients. In the pilot project, staff used Telus Practice Solutions Suite (PSS). Technical issues including instability with WIFI and VPN access created additional frustration for staff trying to document clinical encounters. While some clinical notes were captured electronically and others were recorded on paper and later scanned into PSS. Not only this, but some organizations had to document in PSS and their own organizations' documentation system. This duplication of documentation was a source of frustration. A future iteration of this clinic should ensure that one documentation solution is used to avoid staff burnout and strengthen documentation procedures.

6. Continue to collect data and plan for an economic evaluation of the model

Building on the success of the evaluation findings, future work for the C-MAC should include more data collection to understand the socio-demographic factors that may influence those who seek care for mental health and addictions. Understanding who accesses services will help the CND OHT work across partner organizations to plan for healthcare services in our region.

It is recommended that an independent economic evaluation of the clinic be undertaken to understand the cost-savings of an interdisciplinary clinic based in primary care over traditional mental health and addictions models. Working with a health economist, it is anticipated that after a year of operation and with data collection mechanisms in place, a full understanding of the value and cost savings to the broader health system can be ascertained.

Appendix

Appendix A: C-MAC Logic Model

Appendix B: C-MAC Evaluation Matrix

Appendix C: Client Feedback Card

Appendix D: C-MAC Patient Stories

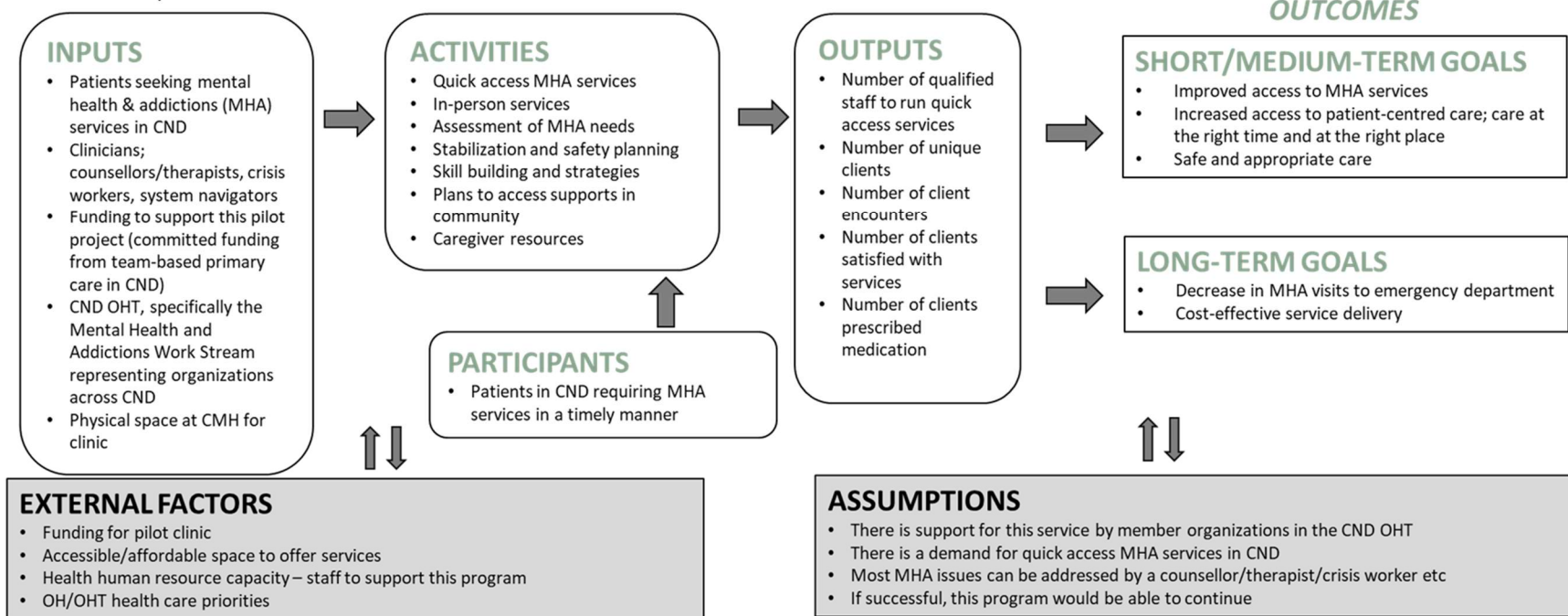
Appendix E: C-MAC Final Data Summary

Appendix A: C-MAC Logic Model

Increasing access for mental health and addictions services in Cambridge and North Dumfries: Community Mental Health and Addictions Clinic (CMAC)

GOAL/OBJECTIVE: Increase quick access to mental health and addiction services for patients in Cambridge and North Dumfries. The goal is to divert low-acuity mental health and addictions issues from the emergency department to a more appropriate, quick-access clinic.

SITUATION: There is a lack of quick access mental health and addictions services in Cambridge and North Dumfries for patients to receive timely access. People are using the emergency department as a means of accessing mental health and addiction service. If we can pilot a clinic to address immediate issues, we can potentially help to reduce the strain on our health care system.



CND OHT Mental Health and Addictions Work Stream
Version 1.3: March 3, 2023

Appendix B: C-MAC Evaluation Matrix

Evaluation Question	Indicators	Data Collection Methods	Strengths/Weaknesses	Quintuple Aim Domain
Are there sufficient resources to carry out the activities of the pilot program?	<ul style="list-style-type: none"> • Number of qualified staff to run walk-in services • Number of appointments per week available for clients • Percentage of appointments completed 	<p>Observation: Observation of clinic activities</p> <p>Secondary Data: Review of clinic documentation</p>	<p>Strengths: Observation - Helps to provide context to the program Secondary data – Data is already being collected as part of clinic activities</p> <p>Weaknesses: Observation – Observation of activities is time-consuming</p>	<ul style="list-style-type: none"> • Enhancing the care experience • Reducing costs
How many patients experiencing mental health issues were able to access the pilot program?	<ul style="list-style-type: none"> • Number of unique clients served • Number of client encounters 	<p>Secondary Data: Review of electronic medical records of patients</p>	<p>Strengths: Secondary Data – EMR: Data is already collected</p> <p>Weaknesses: Secondary Data – EMR: There may be variability in data since collected for clinical purposes instead of evaluation</p>	<ul style="list-style-type: none"> • Enhancing the care experience • Reducing costs

Evaluation Question	Indicators	Data Collection Methods	Strengths/Weaknesses	Quintuple Aim Domain
<p>Has the pilot program been able to prevent emergency department use and provide timely care?</p>	<ul style="list-style-type: none"> • Number of emergency department diversions • Number of prescriptions written for clients 	<p>Secondary Data: Review of electronic medical records</p> <p>Survey Data: Patient experience survey</p>	<p>Strengths: Secondary Data – EMR: Data is already collected Survey Data - Understand the experience of users of CMAC, identifies opportunities for improvement</p> <p>Weaknesses: Secondary Data – EMR: There may be variability in data since collected for clinical purposes instead of evaluation Survey Data - Potential for low response rate due to the nature of services (no existing relationship)</p>	<ul style="list-style-type: none"> • Enhancing the care experience • Improving population health • Reducing costs
<p>How useful are the services provided by pilot program?</p>	<ul style="list-style-type: none"> • Overall satisfaction with care • Clients that felt their immediate needs were adequately addressed • Provider satisfaction with the program 	<p>Survey Data: Patient and provider experience survey</p>	<p>Strengths: Understand the experience of users of CMAC, identifies opportunities for improvement</p> <p>Weaknesses: Potential for low response rate due to the nature of services (no existing relationship)</p>	<ul style="list-style-type: none"> • Enhancing the care experience • Care team well-being

Evaluation Question	Indicators	Data Collection Methods	Strengths/Weaknesses	Quintuple Aim Domain
How well was the program implemented?	<ul style="list-style-type: none"> • Overall satisfaction with the implementation of the program • How well different perspectives were incorporated into planning • Lessons learned from pilot program 	<p>Survey Data: Planning team experience survey</p>	<p>Strengths: Understand the experience of users of CMAC, identifies opportunities for improvement</p> <p>Weaknesses: Potential for bias (want to see the program succeed)</p>	<ul style="list-style-type: none"> • Enhancing the care experience

Evaluation Question	Indicators	Data Collection Methods	Strengths/Weaknesses	Quintuple Aim Domain
<p>What are the demographic characteristics of the population served by the pilot program?</p>	<ul style="list-style-type: none"> ● Number of clients that identify as male ● Number of clients that identify as female ● Number of clients that identify as transgender man/trans man ● Number of clients that identify as transgender woman/trans woman ● Number of clients that identify as genderqueer/gender nonconforming neither exclusively male nor female ● Age of clients ● Geographic location of clients ● Presenting health concerns ● Number of clients without a primary care provider 	<p>Secondary Data: Review of electronic medical records</p>	<p>Strengths: Secondary Data – EMR: Data is already collected</p> <p>Weaknesses: Secondary Data – EMR: There may be variability in data since collected for clinical purposes instead of evaluation</p>	<ul style="list-style-type: none"> ● Improving population health ● Advancing health equity

Appendix C: Client Feedback Cards



**Community Mental Health and
Addictions Clinic (C-MAC)**

Just a note to say...

Want to thank the team or share about your experience?

Write your message below:

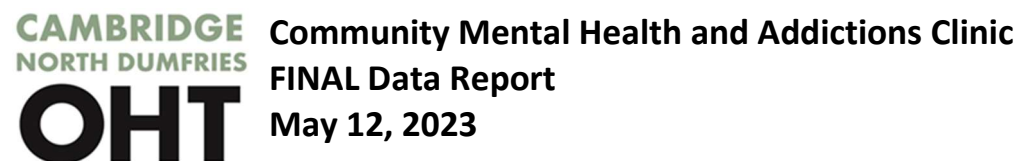
Appendix D: C-MAC Patient Stories

1. This was very helpful.
2. My name is [redacted]. I've been struggling with severe depression and anxiety for over 2 years. I've tried multiple different programs but everything is a 9+ month wait. We need something accessible that will be easier. I'm in crisis mode and its a 9+ month wait anywhere else. CMAC has been able to help me this week. Amy is just a calming person and genuinely cares. We need more programs like CMAC. Where they have accessibility to programs and help now.
3. I know I said it before but thank you, Amy. Your attitude makes me believe I can get through this.
4. Please ensure this continues past the 8 weeks. It is needed and welcome.
5. To have a team such as you do it is second to none. I cannot thank you enough. Please continue with this program as there as so many that can be helped in a respectful way. Again thanks everyone.
6. My husband has been suffering PTSD in silence for several years and really needed help. C-MAC provided immediate warm and generous help. This program is invaluable and absolutely should be continued.
7. Places like this literally save lives! People who don't have access to help, like this place will kill themselves. Don't have this on your conscience. Make this permanent!
8. Please!! Continue the funding for this program. Make it permanent! Mental health is not something that goes away. Help us access help!
9. Thank you for everything you are doing. Keep being amazing.
10. This is the place I needed for guidance and that's what I got. This place should be permanent.

11. Thank you so much! I came here feeling confused and hopeless about my current emotional state and I was immediately greeted into a very positive, warm and inviting environment with a healthcare team that listened to me and were genuine and helpful. I left with a sense of hope and relief that someone cared to help me get better. I will forever be grateful for the experience and hope that this clinic can continue to serve patients that are in need of care and feel like they have to where to go.

12. This clinic was my 1st step in finally trying to learn how to manage my 40-year history of depression more effectively. Please support this clinic. The need is so great as access to mental health issue is challenging, under-funded and leaves people feeling desperate. Thank you to the team who understood this initiative.

Appendix E: C-MAC Final Data Summary



KEY STATS

- 451 patient encounters
- 123 unique patients served
- 19% of new patients were diverted from CMH ED
- 36 patient experience surveys completed
 - 97% of patients reported being satisfied or very satisfied with the care they received

	<i>Week of</i>								TOTAL
	March 6th	March 13th	March 20th	March 27th	April 3rd	April 10th	April 17th	April 24th	
Number of New Intakes	9	6	16	12	11	25	24	20	123
Number of Appointments	16	18	34	41	33	84	76	92	394*
Percentage of Appointments Completed	100%	100%	97%	90%	97%	95%	95%	93%	96%
Number of Prescriptions Written	4	2	7	6	3	5	12	6	45

*Note: Additional follow up was conducted with patients that was not captured in the appointment schedule. The true number of patient encounters for the C-MAC is 451

Top Presenting Concerns

***Note, does not equal 100% due to patients presenting with multiple issues**

Anxiety/Panic Attacks	44 (35.8%)
Depression/low mood/feeling down	35 (28.5%)
Addictions (alcohol, substance abuse, gambling)	21 (17.1%)
Self harm/suicidal thoughts	17 (13.8%)
General mental health	11 (8.9%)

Demographics and Visit Details

Children 0-14	14 (11.4%)
Youth 15-24	23 (18.7%)
Adults 25-64	80 (65.0%)
Older Adults 65 and older	6 (4.9%)
Identify as Male	59 (48.0%)
Identify as Female	60 (48.8%)
Identify as Non-Binary	4 (3.3%)
Patients that live in Cambridge	81 (69%)
Patients that live in Kitchener	20 (17%)
Patients that live in Waterloo	3 (3%)
Patients that live in – Other/Not indicated	14 (12%)
Reported being homeless	9 (7.3%)
Indicated that they don't have a primary care provider	21 (17.1%)
Patients that indicated that they have a primary care provider but indicated challenges accessing primary care	6 (6.9%)
Had a prescription initiated at CMAC	45 (36.6%)

Patients that were redirected from ER (emergency department diversion, clinic-reported)	23 (18.7%)
Connected with a primary care provider	11 (8.9%)

Top Referral Sources (separate from ER Diversions)

CMHA, Here 24/7	21 (17.1%)
Primary Care Provider	8 (6.5%)
School/School Board	8 (6.5%)
Newspaper	7 (5.7%)
Flyer/Online/Radio	6 (4.9%)
Community Organization (Langs, Lutherwood, Frontline Forward)	6 (4.9%)
Friend/Family Member	5 (4.1%)
Other healthcare worker (SW, urgent care clinic etc)	4 (3.3%)
Family & Children's Services	3 (2.4%)
Police	3 (2.4%)
<i>Referral Source Unknown</i>	30 (24.4%)

Patient Experience Survey (n=36)

If this clinic didn't exist, would you have gone to the emergency room?

Yes – 50%

No – 50%

Were your needs adequately addressed by the clinic?

Yes – 92%

How would you rate your overall satisfaction with the care you received today?

Very Satisfied – 91%

Satisfied – 6%
Neutral – 3%
Unsatisfied – 0
Very Unsatisfied – 0

Provider Experience Survey (n=20)

Role at C-MAC

Physician: 5
NP: 1
Social Worker/MSW: 4
Outreach Worker: 0
Community Support/Peer Worker: 2
CMHA Worker: 1
Addictions Counsellor: 1
Admin/Clinic Support: 4
Other: 2

How many shifts did you complete at the clinic?

1-5 shifts: 5
6-10 shifts: 8
11 or more shifts: 7

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
I had enough training before starting in the clinic	0	10%	15%	70%	5%	0
I knew my role in the clinic	0	10%	5%	55%	30%	0
I felt supported by the clinic staff	0	5%	5%	15%	75%	0

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
I had enough time during my shift for clinical documentation	5%	10%	15%	35%	25%	10%
This clinic improved collaboration and care coordination	0	0	0	30%	65%	5%
The clinic was able to provide sufficient care to clients	0	0	0	40%	60%	0
The clinic was able to refer clients to the needed resources/ services they required	0	0	0	55%	45%	0
The referral process for clients was seamless/ easy to understand/ simple*	0	0	20%	45%	20%	10%
I was able to make a difference for clients visiting the clinic	0	0	5%	50%	45%	0
Working in this clinic changed how I approach care for this population	0	10%	45%	15%	30%	0

*question had blanks