

# Evaluating virtual mental health care during the COVID-19 pandemic:

How to conduct a multi-level, mixed methods evaluation of a system's shift to virtual care

Evangeline Danseco, PhD, CE, Senior Researcher

Julia Kurzawa, MPH, Manager, Knowledge Mobilization

Christal Huang, Senior Policy Analyst (co-author)



# FACULTY DISCLOSURE

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.



# CONFERENCE RESOURCES

Slides and handouts shared by our conference presenters are available on <https://www.integratedcareconference.com/> and on the conference mobile app.

All sessions will be recorded and posted to <https://integratedcarelearning.talentlms.com/> shortly following the conference.



# TERRITORY ACKNOWLEDGMENT

We recognize the history, strengths and diversity of the First Nations, Inuit and Métis communities in Canada.

We are committed to engaging respectfully with Indigenous children, young people and families within and across nations in what is known as Ontario.

Ottawa is the traditional unceded territory of the Algonquin and Anishnabe peoples.



# ACKNOWLEDGEMENT OF BIAS

We made every effort to ensure that our committee and teams guiding this work reflected multiple perspectives, backgrounds and identities.

Likewise, we acknowledge and respect the multiple perspectives, backgrounds and identities that attendees bring to this session today.

We acknowledge we all hold bias, assumptions and privileges which we continually strive to be aware of, and to challenge and change where we can. We embrace the values of collaboration, inclusion and ongoing learning to help us in this journey.



# LEARNING OBJECTIVES

**At the conclusion of this session, the participant will be able to:**

- Describe the implementation frameworks that can be used for evaluating virtual services
- Use the Consolidated Framework for Implementation Research (CFIR) codebook for integrating perspectives from service users, providers and agency leaders
- Describe key elements in mobilizing evaluation findings with key stakeholders and enhance uptake of recommendations in improving virtual care



# Agenda

- 01 **BACKGROUND & CONTEXT**
- 02 **KEY STEPS & RESOURCES**
- 03 **Q & A**

# The context

## CHILD AND YOUTH MENTAL HEALTH SYSTEM IN ONTARIO

## THE SHIFT TO VIRTUAL CARE IN RESPONSE TO THE COVID-19 PANDEMIC



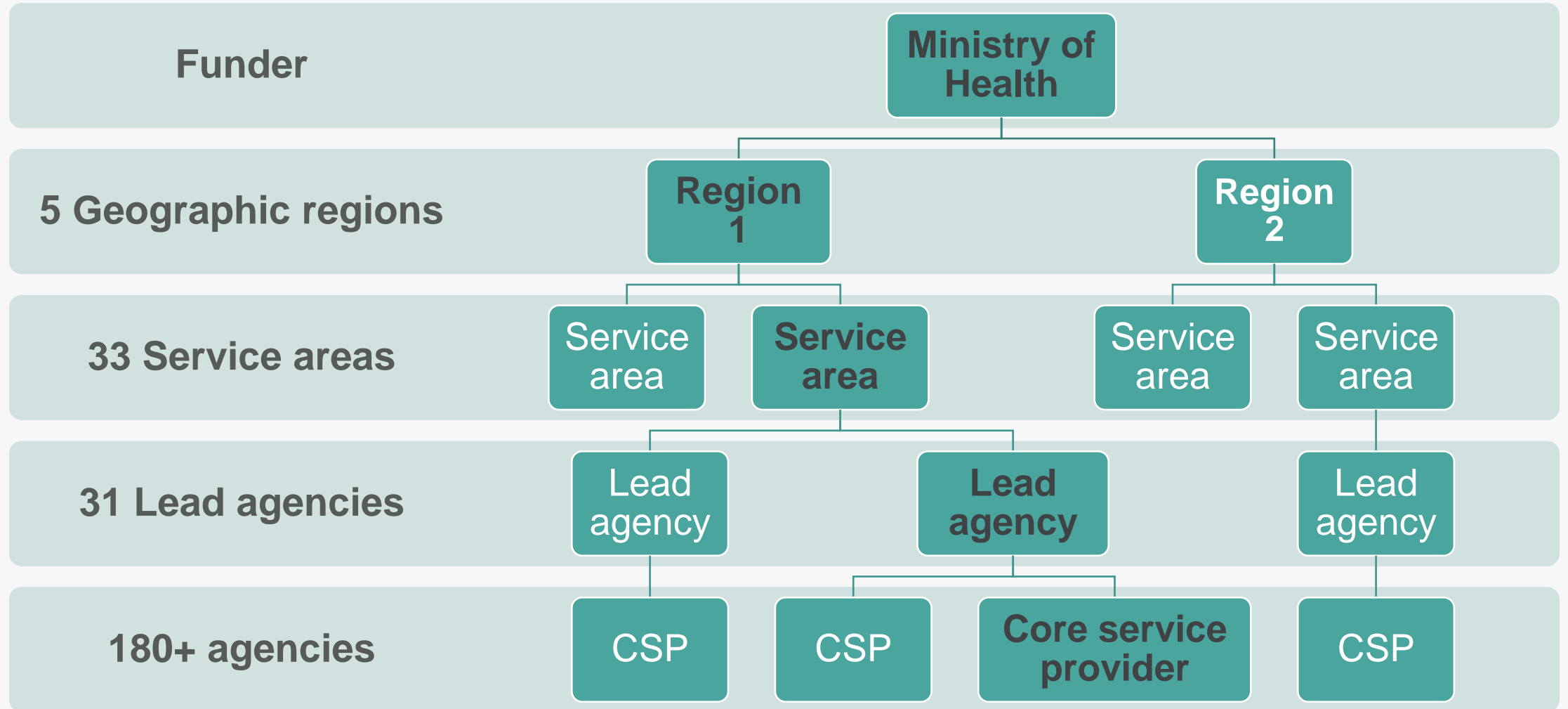
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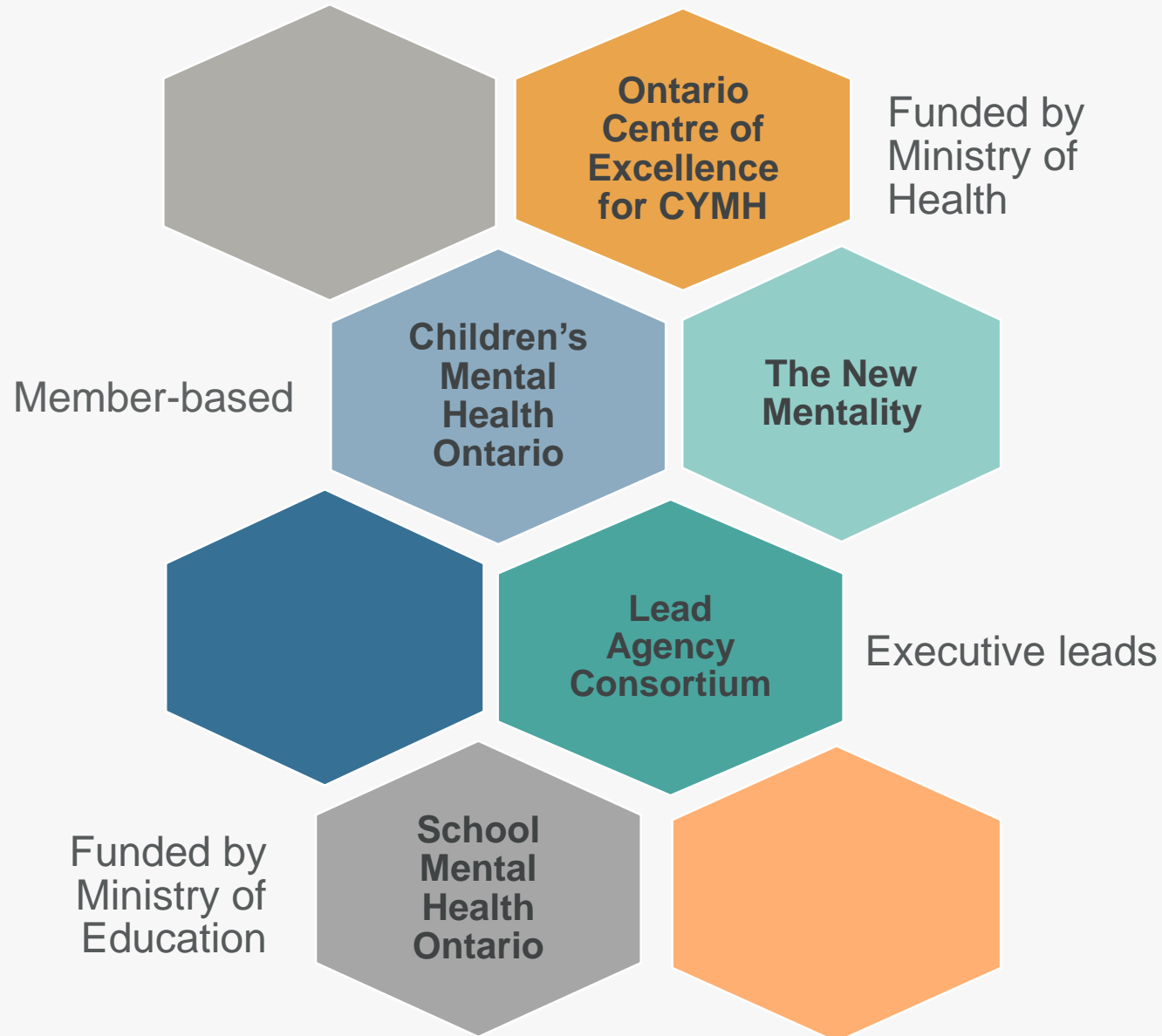
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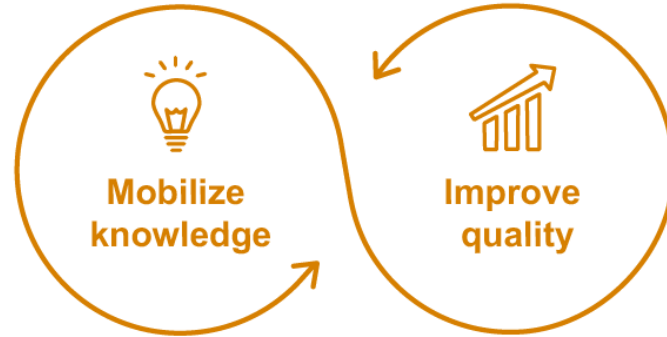


# Ontario's child and youth mental health & addictions agencies (CYMHA)



# Provincial structures and supports for CYMHA





AGE RANGES



**Early years**  
Birth to ~6 years



**Middle years**  
~7–11 years



**Teen years**  
~12–18 years



**Transition age**  
~19–25 years

FOCUS AREAS



**Primary care/  
care pathways**



**Youth and family  
engagement**



**Digital/  
e-mental health**



**System initiatives**



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Our mission: We drive high-quality mental health service delivery for Ontario's children, youth and families by mobilizing knowledge and setting the bar for excellence.

Our values: Accountable • Authentic • Collaborative  
• Inclusive • Innovative • Passionate • Strategic

# Children's Mental Health Ontario

## ADVOCACY

With the combined strength of our members, we advocate for government investments, policies and programs that are responsive to the needs of children, youth and families seeking mental health services in Ontario.

EXPLORE

## MEMBERSHIP

CMHO's nearly 100 member organizations operate in every region of the province, providing treatment and support to children, youth and families. This includes targeted prevention, early intervention, short- and long-term counselling and therapy, addictions services, and intensive services such as residential care.

EXPLORE

## PROMOTION

Our primary goal is to promote a coordinated and high quality system of care that puts children, youth and families first.

EXPLORE

## OUR MISSION

Ensure all kids and young people get the mental health treatment they need within a high-performing system.



# Limited use of virtual care prior to the COVID-19 pandemic

## TWO E-MENTAL HEALTH SERVICES FOR CONSULTATIONS & TRAINING\*

- Ontario Telemedicine Network (OTN)
- Project Extension for Community Healthcare Outcomes (ECHO-CYMH)

\*Does not include apps or virtual care for adult mental health services

# Challenges to use of virtual mental health services

## AUDITOR GENERAL REPORT 2020 ON E-MENTAL HEALTH SERVICES

- low uptake among service providers
- technological difficulties (not user-friendly)
- limited infrastructure
- privacy concerns
- lack of policies

# When COVID-19 hit: Shift in monthly to weekly meetings

## MEETINGS OF THE LEAD AGENCY CONSORTIUM

- 31 agency executive leads
- Executive director of CMHO
- Executive director of the Ontario Centre of Excellence for CYMH (secretariat)

## MEETINGS OF CMHO EXECUTIVE LEADERS

- 100+ agency executive leads
- Executive director of CMHO (secretariat)
- Executive director of the Ontario Centre of Excellence for CYMH

# We quickly responded to information needs

## IN APRIL & MAY 2020, WE DEVELOPED RESOURCES ON MANY TOPICS INCLUDING:

- links to practice guidelines, toolkits and professional association requirements on virtual health services
- privacy considerations
- virtual care 101
- managing high risk situations
- pandemic impact on child and youth mental health
- supporting virtual teams and clinical supervision
- framework for evaluating virtual care

Resources available at: <https://www.cymh.ca>



# Overview of the evaluation of the shift to virtual care

## A MIXED METHODS MULTI-LEVEL EVALUATION

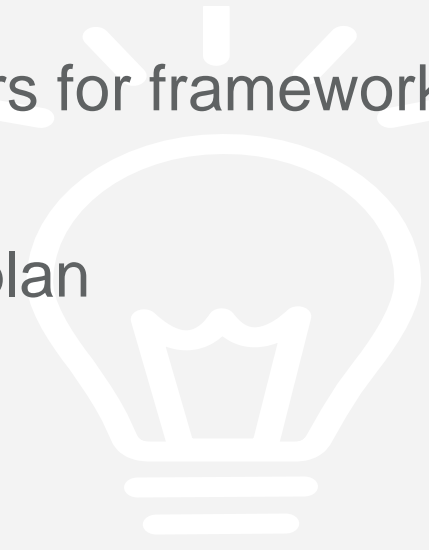


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# How did we engage key stakeholders?

- Consulted with members of the Lead Agency Consortium for buy-in and communications to all agencies
- Convened an advisory committee with representation from agency leaders, service providers, youth and family members
- Incorporated feedback from advisory committee members for framework, methods, tools, results and recommendations
- Developed and implemented a knowledge mobilization plan



# What did we do?

**April:**  
identified  
need

**May:**  
developed  
evaluation  
plan and  
methods

**June:**  
ethics  
approval  
and data  
collection

**July:**  
conducted  
interviews  
and focus  
groups

**August:**  
analyzed  
data

**Sept:**  
finalized  
report

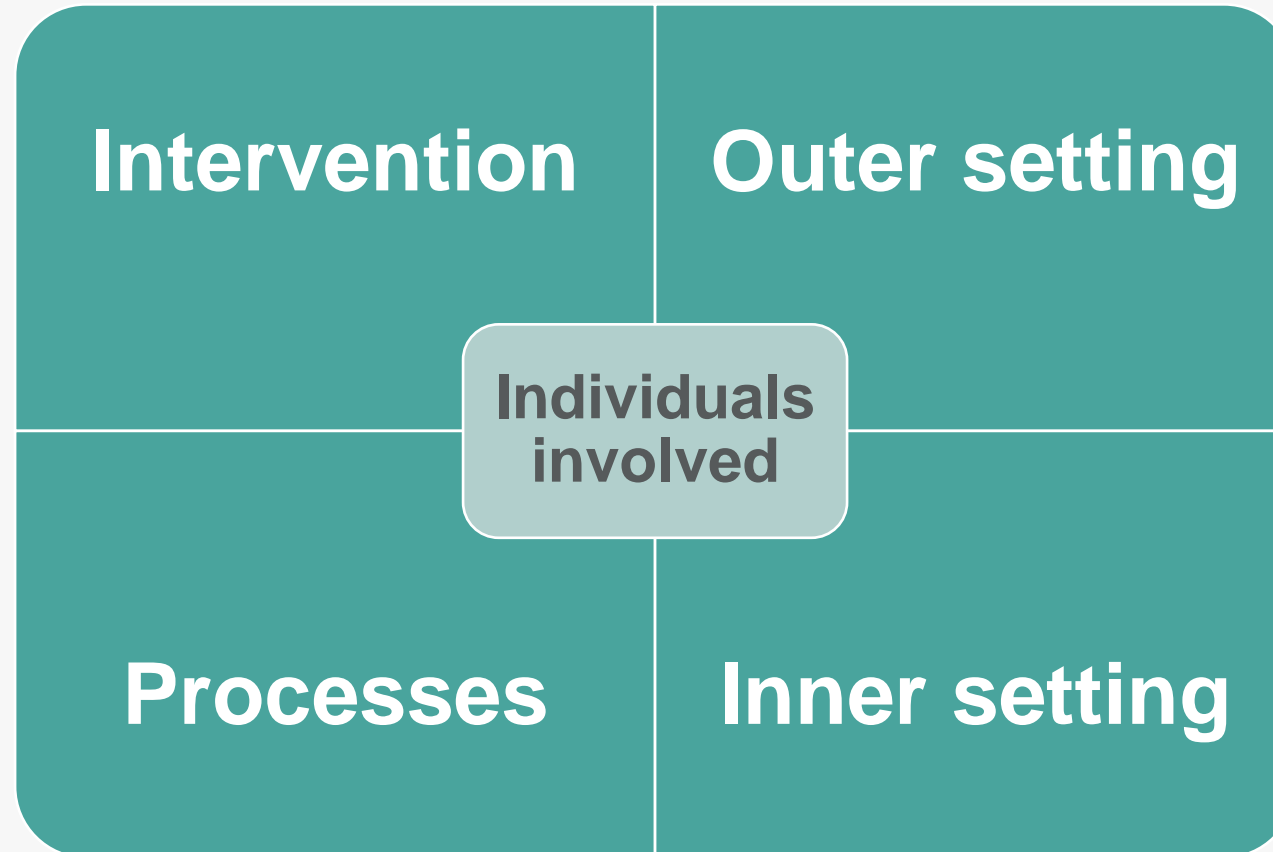
# What did we want to know?

- to hear in general about **agencies**' overall experiences with transitioning quickly to virtual care
- to understand how **service providers** have experienced the transition to virtual care
- to understand how **clients** have experienced the transition to virtual care
- to identify potential areas **of knowledge and resource needs** to support the implementation of virtual care post-pandemic

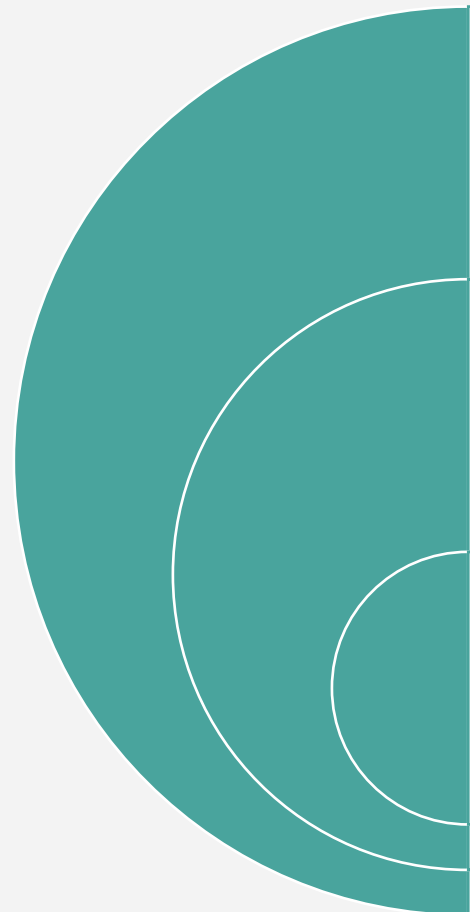


# We used implementation science frameworks for evaluating the shift to virtual care

Consolidated Framework for Implementation Research (CFIR),  
Damschroder et al 2009



# We used mixed methods



Organizations	<ul style="list-style-type: none"><li>• survey (n=97)</li><li>• interviews (n=13)</li></ul>
Service providers	<ul style="list-style-type: none"><li>• focus groups and interviews (n=14)</li></ul>
Youth & families	<ul style="list-style-type: none"><li>• survey (n=192)</li></ul>

\*Data collection period from June 24 to August 7, 2020

# We suggested these recommendations



1. Offer virtual care as part of a menu of services

2. Ensure accessibility of virtual care

3. Consider how best to engage a greater number of diverse children, youth and families

4. Enhance staff training and support knowledge exchange

5. Promote staff wellness and prevent fatigue from delivering virtual care

6. Provide system-level guidance and oversight to ensure high quality virtual care

# What has happened since then?

- Innovation initiatives funding for 5 agencies to adopt recommendations  
<https://www.cymh.ca/en/projects/innovation>
- Many agencies are evaluating their virtual care services and integrating evaluation in hybrid approaches (virtual and in-person services)
- Webinar featuring three approaches to evaluation in community-based agencies





## For more information

Final report available online

Other resources on virtual care

Article accepted at the Implementation Research & Practice journal

Resources available at: [www.cymh.ca](http://www.cymh.ca)

# Key steps, considerations and resources

## CONDUCTING MIXED METHODS MULTI-LEVEL EVALUATION

It is possible to do a comprehensive, high quality, relevant & timely evaluation even during a crisis.

It is imperative to do so during a crisis.

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# Key steps

1. identify key stakeholders & purpose of the evaluation
2. develop the evaluation framework, informed by comprehensive implementation science frameworks
3. develop evaluation methods
4. conduct evaluation and use available analytic tools
5. engage stakeholders in formulating and mobilizing findings

# 1. Identify key stakeholders & purpose of the evaluation

- **Consider adopting a utilization-focused evaluation approach**
  - ensures evaluation findings will be useful and relevant, consistent with bridging gap between knowledge and practice

## Resource

- [Checklist developed by Patton, 2013](#)

Resources available at: <https://wmich.edu>

# 1. Identify key stakeholders, continued

- **Ensure diverse perspectives among stakeholders**
  - clinicians of various backgrounds/agencies
  - administrators, senior leaders, policy-makers
  - Clients: young people, family members, caregivers

## Resource

- [Program evaluation toolkit](#)

Resources available at: [www.cymh.ca](http://www.cymh.ca)

# 1. Identify key stakeholders, continued

- **Identify roles and expectations**
  - Offer incentives and honoraria for clients
  - Provide sufficient and realistic time frames for their participation
  - Provide orientation and/or training in evaluation or research

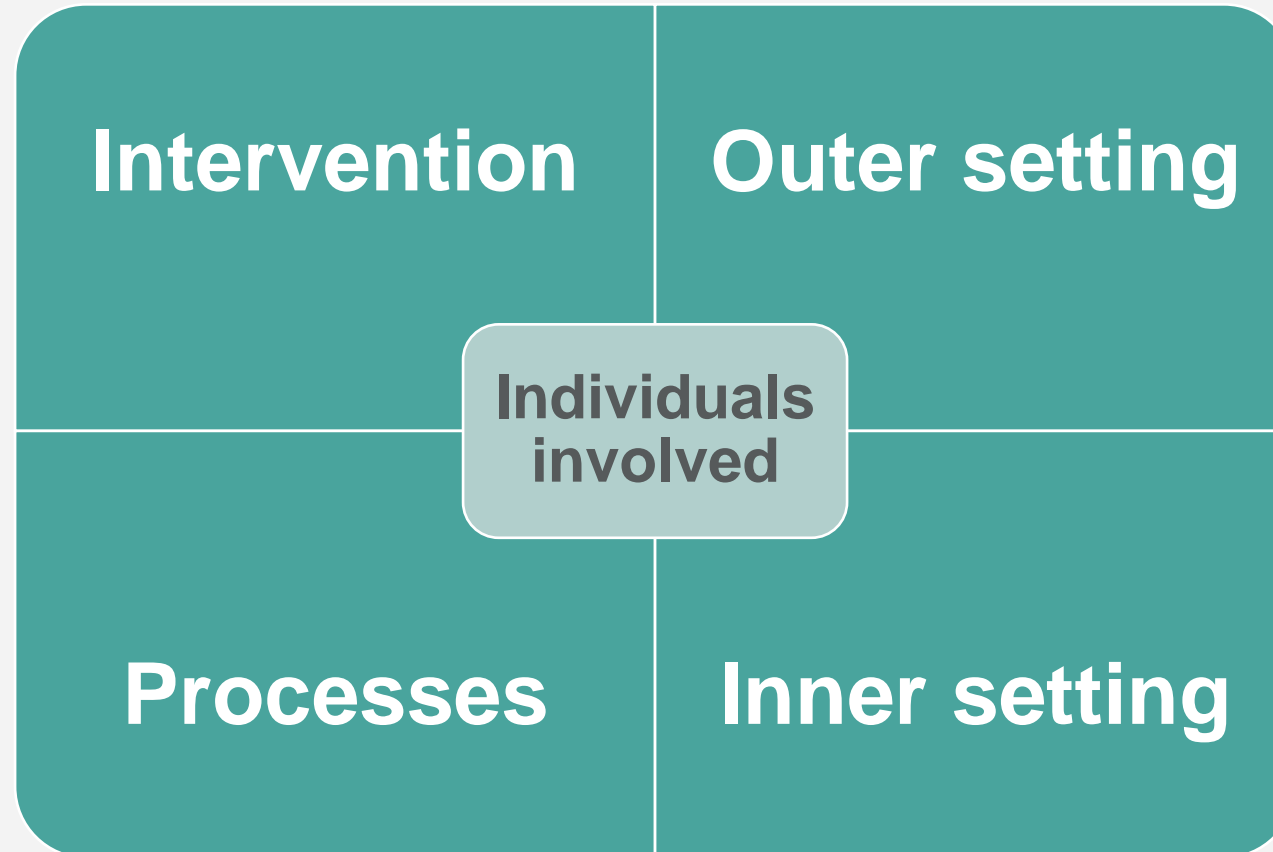
## Resources

- [Quality standard on youth engagement](#)
- [Quality standard on family engagement](#)

Resources available at: [www.cymh.ca](http://www.cymh.ca)

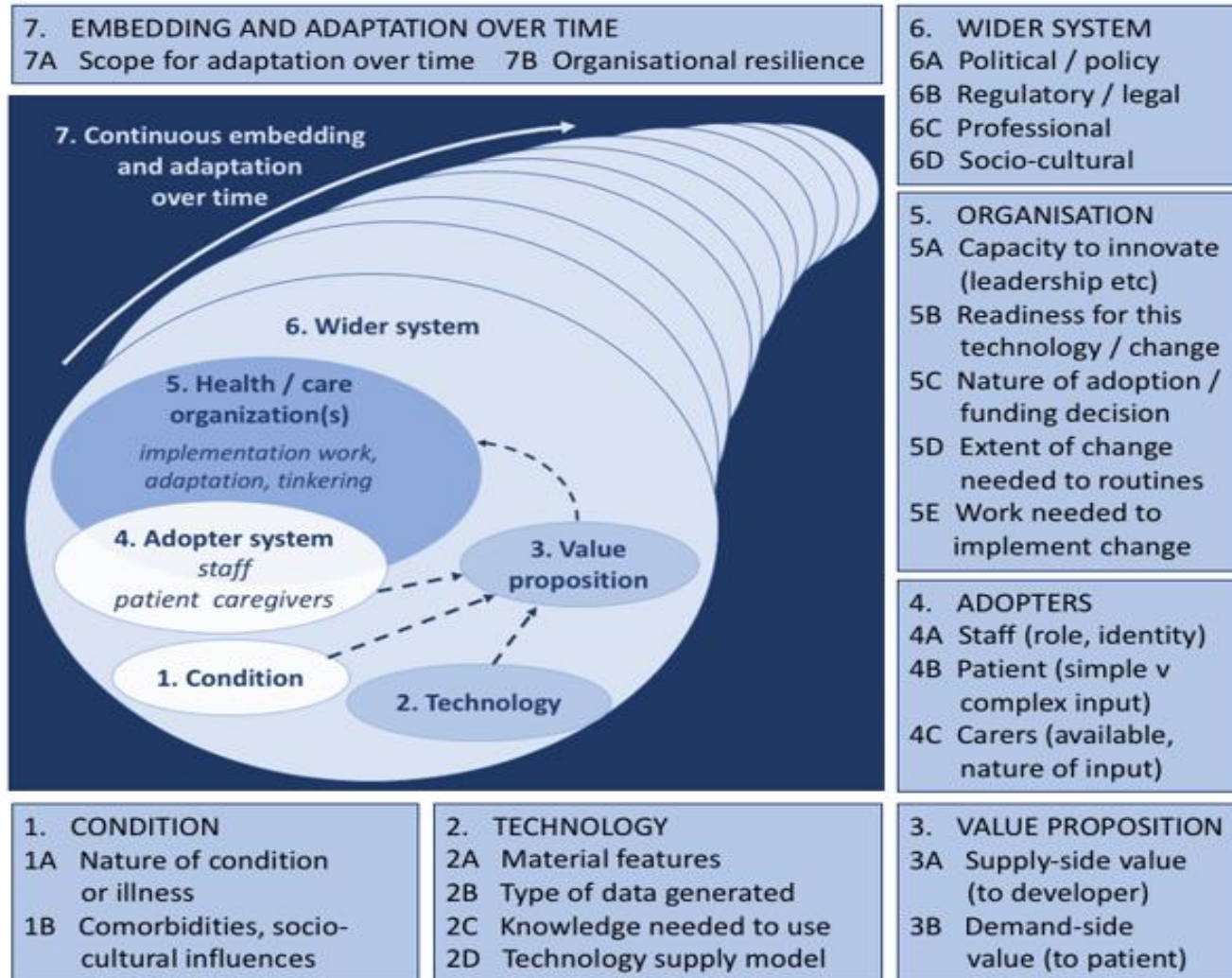
## 2. Develop the evaluation framework informed by comprehensive implementation science frameworks

### A. CONSOLIDATED FRAMEWORK FOR IMPLEMENTATION RESEARCH (CFIR) (Damschroeder et al., 2009)





## B. THE NASSS FRAMEWORK (Greenhalgh et al., 2017)



## 3. Develop evaluation methods

- sampling frame for agencies and service providers
- survey questions for agency leaders and for clients
- interview questions for agency leaders and focus group questions for service providers
- recruitment strategies

### Resource

- Checklists for applying specific evaluation approaches from The Evaluation Centre of the University of Michigan

Resource available at: <https://wmich.edu/evaluation/checklists>



## 4. Conduct evaluation

- use AI software for transcribing interviews
- use available analytic tools

### Resource

- CFIR website with tools and codebook

Resources available at: <https://cfirguide.org/tools/>



# Sample codebook: Preparing for delivering virtual care

Category	Definition
Available resources	<b>CFIR</b> The level of resources organizational dedicated for implementation and on-going operations including physical space and time
Implementation climate	<b>CFIR</b> The absorptive capacity for change, shared receptivity of involved individuals to an innovation, and the extent to which use of that innovation will be rewarded, supported, and expected within their organization. Includes receptivity to implementing virtual care
Learning climate	<b>CFIR</b> A climate in which leaders express their own fallibility and need for team members' assistance and input; team members feel that they are essential, valued, and knowledgeable partners in the change process; Individuals feel psychologically safe to try new methods; and sufficient time and space for reflective thinking and evaluation

## Sample codebook: New categories

Category	Definition
Creating safety protocols with clients	<b>NEW</b> refers to activities relating to protocols with clients relating to the innovation (virtual care)
Client support	<b>NEW</b> refers to activities to provide support to clients in using virtual services

## 5. Engage stakeholders in formulating and mobilizing findings



Helps ensure evaluation findings and recommendations are relevant, useful and adds value

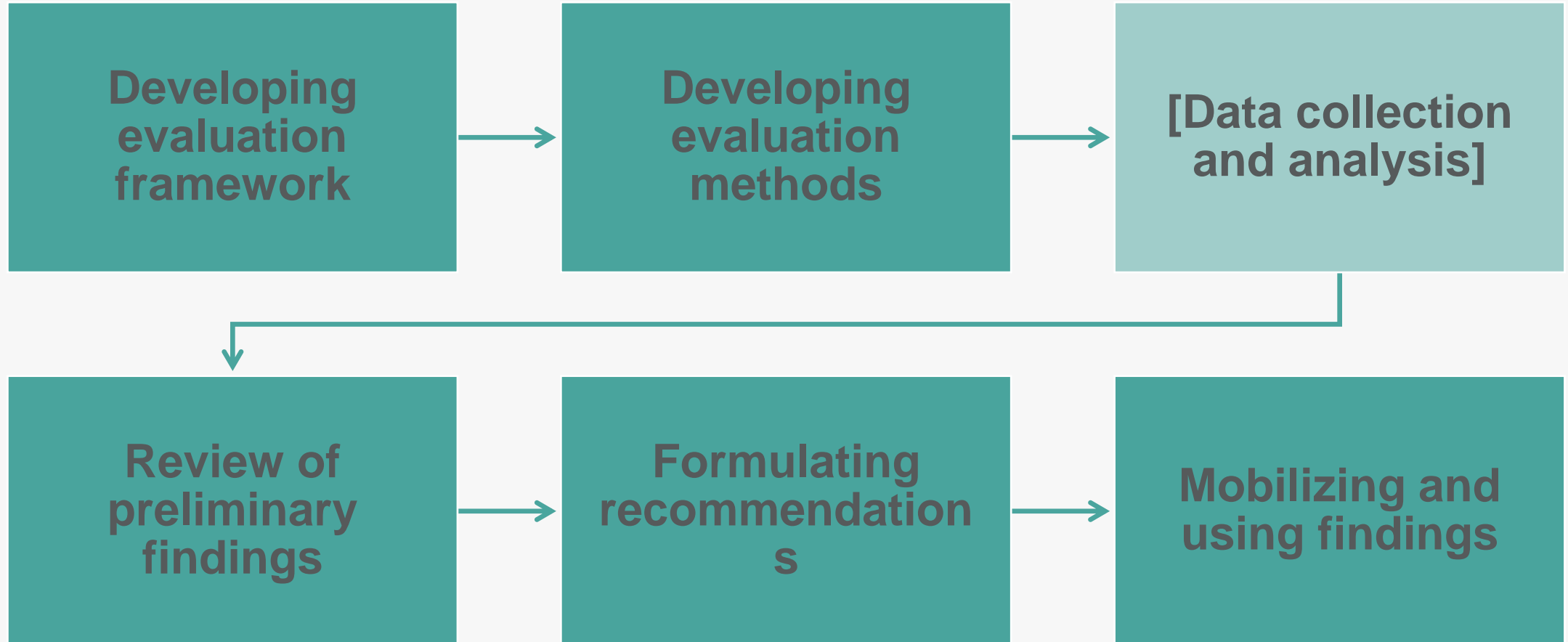


Knowledge mobilization products are based on evidence from evaluation findings



Can potentially reach a wider range of audience

## 5a. Processes where stakeholders can be engaged



## 5b. Create a knowledge mobilization plan

**Audience:** Who are you trying to reach? Is there a tailored message for this audience?

**Strategy:** How will you get your message(s) across? What strategies will work best for this audience? Consider how each strategy links to your overall goal.

**Timeline:** When do you anticipate executing your strategies?

**Impact:** What impact are you trying to achieve? How will you know if you have achieved your goals

Resources available at: <http://www.kmbtoolkit.ca/>





## 5b. Sample knowledge mobilization activity

Audience	Strategy	Timeline	Impact
Agency leads and service providers from child and youth mental health agencies	Webinar	Oct 28, 2020	Number of participants from CYMH sector Number of questions Responses to survey questions Qualitative feedback

Resources available at: <http://www.kmbtoolkit.ca/>

# For more information



Download the evaluation report: Transition to virtual care



Webinar recording: Evaluation of virtual care



Webinar recording: Three approaches to ongoing monitoring and evaluation

Resources available at: <https://www.cymh.ca>

In summary, include many perspectives and stakeholders throughout all the phases of the evaluation.



# Remember...

It is possible to do a comprehensive, high quality, relevant & timely evaluation even during a crisis.

It is imperative to do so during a crisis.

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# Questions?



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# Resources

[Utilization-focused evaluation checklist developed by Patton, 2013](#)

[Program evaluation toolkit](#)

[Quality standard on youth engagement](#)

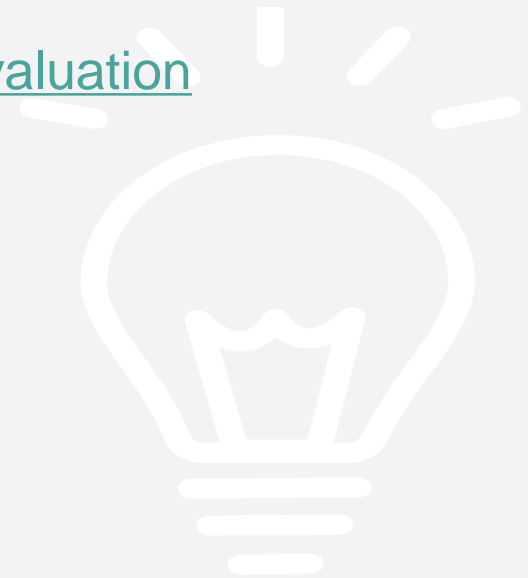
[Quality standard on family engagement](#)

[Checklists for applying specific evaluation approaches from The Evaluation Centre of the University of Michigan](#)

[CFIR website with tools and codebook](#)

[Knowledge mobilization toolkit](#)

[Final report on evaluating the shift to virtual care](#)



# Contact us

EDANSECO@CHEO.ON.CA



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[smea.ca](http://smea.ca) (FR)



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# SESSION EVALUATION

Use the CFHA mobile app to complete the evaluation for this session.





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