

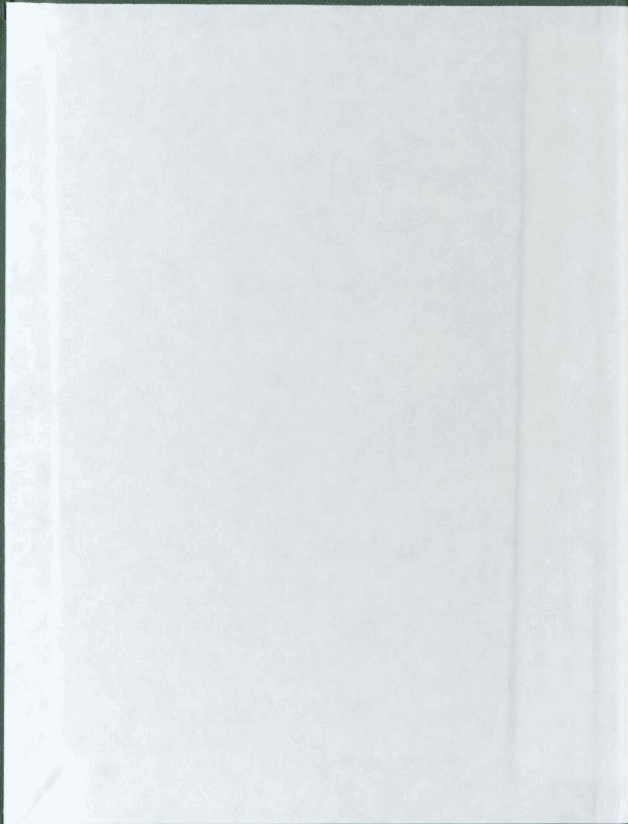
AN INTERNSHIP REPORT AND REVIEW OF BLOMIDON
PLACE'S RANGE OF SERVICES, REFERRAL
AND INTAKE PROCEDURES

CENTRE FOR NEWFOUNDLAND STUDIES

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AN INTERNSHIP REPORT AND REVIEW OF BLOMIDON PLACE'S
RANGE OF SERVICES, REFERRAL AND INTAKE PROCEDURES

by

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An internship report submitted to the School of Graduate Studies
in partial fulfilment of the requirements for the degree of
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Abstract

This two part report describes an internship and research carried out at Blomidon Place, a division of Community Health Western, located in Corner Brook, Newfoundland. Blomidon Place uses an interagency approach to meet the mental health needs of children, adolescents and families in the Bay of Islands area.

Prior to the commencement of the internship, the intern in collaboration with her supervisors, set realistic, obtainable goals. Part One of the report describes activities undertaken to reach these goals.

During the internship, the intern devoted time to research that consisted of a review of Blomidon Place's range of services, referral and intake procedures, as perceived by persons referring clients to the centre. The research is discussed in detail in Part Two of this report.

Acknowledgements

I would like to express my sincere appreciation to the staff of Blomidon Place. Each member of the staff were readily available to lend their support and expertise. Special thanks to Donna McLennon, whose guidance, knowledge and kind words have helped me develop as a professional. To Dr. B. Paul Wilson and Dr. Robert Richards thank you for directing me towards the counselling profession. Dr. Gary Jeffery, your supervision and wisdom has been invaluable. A thank you to my fellow classmates, I feel fortunate to have shared this learning experience with supportive and caring friends. Finally, I would like to thank my parents, Aunt Alice and Marty for supporting me through my studies.

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Part One
Internship Component
Introduction

Memorial University of Newfoundland offers a number of options to complete the Master of Education program. The options are a thesis, project, paper folio or an internship. An internship in the area of counselling was chosen because it provided the intern with the opportunity to further develop counselling skills while participating in a supervised environment. The internship route allowed the intern to integrate research at the worksite in collaboration with the faculty and on-site supervisors.

The Faculty of Education has set the following guidelines to ensure the appropriateness of the internship:

1. It can commence only after a satisfactory performance is achieved in an approved practicum.
2. It commences only after successful completion of all course work required for the degree program as defined in the University Calendar.
3. First consideration will be given to candidates who have had little experience in the working milieu which they will enter.
4. Interested students must submit to and have been approved by the Faculty, a formal internship proposal, including, among other points, a statement of professional goals and expectations for the internship.
5. An intern must be enrolled full-time during the time of his/her internship. He/she may not receive reimbursement for services rendered

during an internship, but will be eligible for fellowships and assistantships as provided by University regulations (Memorial University, 1975).

The internship period was ten weeks in which the intern gained practical experience in her selected field of study. During this time the intern worked toward achieving set goals, while receiving continuous feedback from the on-site and faculty supervisors.

This report first describes the activities carried out at the internship site and second describes the research completed during the internship.

Description of Internship Setting

The internship was completed at Blomidon Place, a division of Community Health Western, located in Corner Brook, Newfoundland. Approximately one year ago, this Community Mental Health Resource Centre, was established. It uses an interagency approach to meet the mental health needs of children, youth and families in the Bay of Islands area of western Newfoundland. Health professionals from Human Resources and Employment, Education, Health, Justice work in close cooperation and use an integrated approach to assess and treat clients.

The following is a description of the professional full time staff of Blomidon Place:

Ms. Karen Gale, B.S.W., M.S.W.

Intake Coordinator

Individual, Family and Group Counsellor

Consultation

Ms. Donna McLennon, B.Sc., M.Ed. (Internship Supervisor)

Psychologist

Individual, Family and Group Counsellor

Consultation

Ms. Cathy Fudge, B.S.W.

Social Worker

Individual, Family and Group Counsellor

Consultation

Ms. Barbara Simmons, M.A.S.P.

School Psychologist

Consultation

Liaison with Schools

Dr. Freida Hjartarson, B.A., B.Ed., M.Ed., Ph.D.

Educational Psychologist

Consultation

Liaison with Schools

Besides the full-time staff, professionals such as child welfare workers, youth corrections workers, behaviour management specialists, intensive intervention workers and psychiatrists work at the centre on a demand bases. Treatment services at Blomidon Place include individual, group and family counselling.

Referrals to Blomidon Place come from any outside agency, parent or youth. The referral agent is required to complete a referral form and obtain client and/or parent consent to release information to the centre. Both completed forms are forwarded to the intake coordinator who contacts and notifies the client(s) of the intake process. The intake coordinator interviews the client, and, when appropriate, parent(s) and/or family members to obtain relevant history, completes a psycho/social assessment and meets with the client to discuss the most appropriate service.

The intake coordinator presents the case at a weekly intake meeting. The meeting is attended by Blomidon Place's intake coordinator, psychologist and social worker, as well as a psychiatrist, two educational psychologists and representatives from child protection, social services and psychological services. If the case is deemed to fall within the mandate of the centre, the needs of the client(s) are discussed and a preliminary plan is outlined and documented. Contact is made with the referral agent and the client to inform them of the outcome of the intake process. With the client's consent all relevant information is forwarded to either the staff social worker or psychologist. Once an individual has been assigned a client that person becomes the case manager for the duration of treatment. As case manager, the therapist is required to carry out and evaluate

the treatment plan. When appropriate, the therapist arranges consultations and ensures service coordination is arranged with appropriate outside individuals or agencies. Once treatment is completed, the case manager is responsible for termination and follow-up.

Supervision of the Internship

Donna McLennon, a registered psychologist, was responsible for on-site supervision. Ms. McLennon was chosen based on her experience in the field of counselling. She met the criteria outlined in Handbook Graduate Students (1996). These criteria require that an on-site supervisor:

1. holds a Master's degree or its equivalent appropriate to the work of the intern, and a minimum of two years appropriate experience;
2. be involved full-time in a professional role compatible with the intern's program; and
3. have sufficient time, as determined by the Faculty, to consult with the intern and the Faculty Supervisor. (pg. 4)

The faculty supervisor, Dr. Gary Jeffery, was selected based on his interest in the intern's research topic, experience as a supervisor and compatibility with the intern. He also met specific criteria outlined in Handbook of Graduate Students (1996) which specifies he:

1. holds a doctoral degree appropriate to the area of study;
2. has a minimum of two years practical experience in the area of student's

program or its equivalent; and

3. has sufficient time, as determined by the Faculty, to carry out the responsibilities associated with being a Faculty Supervisor (p. 5).

Goals for the Internship

Prior to the commencement of the internship, the intern in collaboration with her faculty and on-site supervisors established goals for the internship. Each goal is listed below along with a description of activities and events that were undertaken to achieve the goal.

Goal 1

To offer individual counselling to clients.

1. At the beginning of the internship, Donna McLennon assigned the intern a client based on the client's presenting problem and the intern's skills and expertise. As the internship proceeded, three clients were added to the intern's caseload. These clients were chosen by the intern during the weekly intake meeting. New clients were chosen based on the client's presenting problem and the intern's confidence in dealing with the case. The clients were approved by professionals involved in the intake process. The clients attended weekly one hour sessions. Clients presented problems related to depression, low self esteem, anger, and family issues.

Prior to each session the intern would meet with supervisor, Donna McLennon, to discuss a suitable treatment plan. After each session the intern would provide an overview

of the session. Ms. McLennon would critique the intern's approach and provide constructive feedback and make future recommendations. The intern was required to keep a log of the counselling sessions and transfer her notes onto progress forms that would become part of the client's file. Since the intern was unable to complete treatment, it was necessary to receive consent from the client to transfer the case to a colleague.

Through individual counselling sessions, experience was gained in various treatment interventions such as cognitive behavioural techniques to manage anger and depression, genograms to assess family dynamics, relaxation exercises to cope with stress and solution focused brief therapy.

2. The intern observed Cathy Fudge, a social worker at Blomidon Place, provide counselling to a client. The intern observed two counselling sessions (4 hours). The intern gained insight into the treatment of eating disorders and the style and techniques used by this professional.

Goal 2

To offer ongoing group counselling either in a leader or co-leader capacity.

1. The intern and her on-site supervisor co-led a female adolescent group. The group called the "Personal and Social Development Group" was made up of five young women with various backgrounds and presenting problems. The members were referred by school counsellors, social workers, psychiatrists, physicians and parents. Reoccurring issues dealt within the group involved: self esteem, anger management and dealing with family issues.

Both group leaders carried out initial screening. There were thirteen individuals screened, eight were selected and five participated in the group. Group members were selected after a screening interview. The interview involved meeting with the clients and parents to obtain background information. The intern, parents and client met for ten minutes and then the client was asked to leave and complete a Beck Depression Inventory, Self Esteem Checklist and All About My Family form. The parents provided further information. Upon completion of the initial assessment, the client returned to meet individually with the intern. Based on information gathered during the interview, the age of the client and information obtained from the assessment tools, individuals were selected for the group.

The age of the group members ranged from fourteen to sixteen. The group met for nine weeks and sessions lasted one hour and thirty minutes. The purpose of the group was to help the female adolescents develop skills that would help them in coping with diverse personal difficulties. Activities used to enhance their self concept included, values clarification and communication and listening skills. The group gave participants the opportunity to discuss their emotional and/or behavioural problems in a supportive, encouraging environment. Each week the session ended with a social time of approximately ten minutes during which the leaders and members were given the opportunity to get to know each other on an informal level.

In a follow-up evaluation, members indicated that they valued the sessions and change had occurred. They felt nine sessions were not enough to help them cope with

their difficulties. Due to the departure of the intern and summer holidays an extension was not possible. Additional sessions will be held in September, 1997.

2. Family counselling experience was gained as well. The intern and the social worker, Cathy Fudge, met with a family for four sessions (8 hours). Before each session both therapists would meet to discuss the treatment plan. Sessions were based on exploring family communication patterns, boundaries and rules. After each session the intern and co-therapist would meet to debrief, evaluate and modify the treatment plan for the following session.

Goal 3

To gain additional experience and knowledge of psychological testing.

1. The intern carried out a court ordered assessment of a sixteen-year-old male who was referred following an arrest under the Young Offenders Act. The assessment was carried out in collaboration with a psychiatrist. The intern obtained background information from a court order, school counsellor, school records, correctional officers, parent and client interviews. A Wechsler Intelligence Scale for Children, (WISC-III) was administered. Upon completion of the assessment and in consultation with the psychiatrist and the on-site supervisor, the results from the WISC-III were deemed invalid because of the medical condition of the client during testing. This was a valuable learning experience. It reconfirmed the need for obtaining all relevant background information and consultation before completing a psychological report. The report was written by the intern.

2. An additional assessment was completed on an adult female involved in a

Parenting Group at Blomidon Place. This client was presenting difficulty relating to academic functioning and career selection. The assessment tools used were the Wechsler Adult Intelligence Scale, (WAIS-R), Millon Clinical Multiaxial Inventory II (MCMI-II), Safron Student's Interest Inventory and Canadian Occupational Interest Inventory. This assessment gave the intern the opportunity to become familiar with the MCMI-II, Safron Student's Interest Inventory and Canadian Occupational Interest Inventory.

The second assessment was completed in consultation with a psychometrist, a social worker and psychologist. Both reports were drafted by the intern and were edited and signed by the registered psychologist, Donna McLennon.

Goal 4

To gain experience in working with an interdisciplinary team.

1. Every Monday morning the intern attended an intake meeting chaired by the intake coordinator. Other professionals in attendance were the staff social worker and psychologist, a psychiatrist and psychologist from Western Memorial Regional Hospital, two educational psychologists employed by the school board (who are housed at Blomidon Place) and a social worker from Human Resources and Employment.

Professionals would discuss the case and make suggestions for allocation. When appropriate, the intern participated in the discussion and took on cases. Other professionals had agreed in advance to take over the intern's cases after the completion of the internship.

2. *To gain experience in administrative matters and to better understand the*

planning and management needs of the centre, the intern was involved in two planning meetings. A number of mental health professionals attended the meetings. During the meeting, policies and procedures that govern the agency were discussed, evaluated and were appropriate modified.

3. Professionals were readily available for case consultation. The intern frequently consulted with social workers, psychiatrists, psychologists, psychometricians and school counsellors.

Goal 5

To participate in professional development activities offered to the staff of Blomidon Place.

The intern was fortunate to be given the opportunity to attend the following sessions during her internship:

1. Self Injury Presentation - April 14, 1997 at Blomidon Place, Corner Brook, NF.

Cathy Fudge, a social worker at Blomidon Place, provided the staff with a three hour presentation on the topic of Self Injury. The presentation included a definition of self injury, incident and onset information, background profiles of self injurers, descriptions of common behaviour patterns, an outline of reasons for the behaviours, warning signs, stages of self injury and treatment programs.

2. Solution Focused Brief Therapy Inservice - April 23, 1997 at Dhoon Lodge, Stephenville, NF.

Psychologist, Donna McLennon offered an inservice to the staff of Community Mental Health on the theory and practice of Solution Focused Brief Therapy. The four hour presentation focused on the basic steps in using brief strategic intervention approach, the cybernetic concept of causation, where this approach is appropriate, the assessment and treatment process.

3. International Play Therapy Conference- May 19-21, 1997 at Delta, St. John's, NF.

Sessions:

Healing for the Healer

Dr. Mark Barnes, Certified Professor of Child Psychotherapy and Play Therapy, gave an interactive presentation that allowed participants to explore self healing needs through healing exercises such as massage, relaxation and visual imagery. The presenter discussed exercises that help prevent burnout, promote growth and increase effectiveness as a therapist.

Experiential Play Therapy

Licensed psychologist and Certified Professor of Child Psychotherapy and Play Therapy, Dr. Carol Norton, provided information on the stages, communication and *treatment from the perspective of experiential play therapy.*

Principles of Working with Traumatized Children

The presenter Jeri Brock M.A., M.S.E., gave a review of current knowledge and literature regarding the neurological effects of trauma on the developing brain. *Critical developmental periods, resulting neuropsychiatric disorders, related therapeutic principles,*

and clinical interventions were discussed.

Play Therapy as a Family Systems Intervention

The presentation focused on the use of play therapy as a strategic family therapy intervention and how the introduction of individual child play therapy serves to alter the family dynamics. Presenter, Don Chafe M.Ed., explained the application of play therapy to nontraditional populations such as adolescents, adults and families.

Interactive Play with High Risk Families

Dr. Marilyn Jones-Parker, shared her experience in working with young children and their families. She discussed providing infant development evaluations and interventions, parent-child interactive play therapy, family therapy and group play therapy.

4. Association of Newfoundland Psychologist Conference - May 29- 30, 1997 at the Waterford, St. John's, NF.

Sessions:

Effective Intervention with Troubled Young People

The intern attended a one-day presentation by Dr. Thom Garfat. The presenter used his work experiences and activities to discuss the elements of context and process associated with effective interventions with troubled young people. He explained how a therapist could use everyday life events to facilitate change in these individuals.

Working with Families: A Systemic Perspective

Dr. Thom Garfat gave a one-day presentation covering basic principles and interventions for working systemically with families.

5. Gambling Awareness Workshop - June 5, 1997 at Mamateek, Corner Brook, NF.

This one day workshop offered by Addictions Services of Western Newfoundland provided insight into the nature of gambling, signs and symptoms linked to gambling and how it effects the family. Also discussed were the stages of gambling and the recovery process.

6. Children Exhibiting Sexually Intrusive Behaviour Presentation - June 9, 1997 at Blomidon Place, Corner Brook, NF.

Thus far the staff of Blomidon Place have not accepted children exhibiting sexually intrusive behaviours. To gain understanding of the behaviours and treatment linked with sexually intrusive behaviours, Neil Stokes a social worker, presented on the topic. The discussion included assessment procedures, the difference between *natural behaviours* and those that present concern. The presentation included the treatments used and difficulty in treating adolescents in comparison to children.

All the above presentations added to the professional development of the intern. The gambling, play therapy, self injury and sexually intrusive behaviours presentations offered new information, while the remaining provided an alternative outlook on topics familiar to the intern.

Goal 6

To provide an inservice for the staff at Blomidon Place.

The intern had the opportunity to give a three hour and thirty minute training

session to the staff of Blomidon Place. The topic Play Therapy was selected because of the interest expressed by the staff and the knowledge gained during the International Play Therapy Conference. Besides the information gained through the conference, the intern read a range of books and articles on the topic.

The session began with an introduction to play therapy. This included the therapeutic uses of play, the process of play therapy, characteristics of an effective play therapist, and non-directive vs. directive play therapy. For the remainder of the session the intern focused on non-directive experiential play therapy that involved a detailed discussion of the stages, type of communication during therapy, techniques and application when dealing with abused children. The inservice concluded with an open discussion.

The intern received positive feedback from the staff. Participants found the information practical and useful.

Goal 7

To meet at least one hour per week with the On-site supervisor and when necessary, to have access for consultation.

Every Tuesday the intern and On-site supervisor Donna McLennon met for *approximately two hours to:*

1. plan the agenda and prepare materials for the weekly group session.
2. discuss the intern's progress and receive critical feedback.
3. discuss treatment plans for the intern's clients.
4. *discuss theoretical perspectives and techniques.*

The supervisor and the professionals at Blomidon Place were always available for consultation and readily assisted the intern.

Goal 8

To maintain contact with the Faculty Supervisor.

Faculty Supervisor, Dr. Gary Jeffery, was contacted at least once a month via electronic mail and telephone. Dr. Jeffery provided guidance pertaining to the planning of the internship, the research component and the completion of the internship report. When necessary the supervisor made necessary university contacts for the intern.

Goal 9

To complete the research component of the internship.

The intern spent one day per week conducting a study to review the referral, intake and services of Blomidon Place. Literature was reviewed to gain insight to the characteristics and models of interagency approaches to community mental health. To complete the review the following activities were engaged in.

1. The intern met with the Director of Community Health Western, staff psychologist and intake coordinator to obtain background information, and to discuss the services and procedures of Blomidon Place. The intern was given a list of referral agents that have made referrals to Blomidon Place since its inception.
2. A questionnaire was designed based on the literature reviewed and was developed in consultation with Dr. Gary Jeffery. The questionnaire and consent letter were approved by

Memorial University's Ethics Committee.

3. The referral agents were contacted by telephone. The intern described the purpose of the study and asked for participation. Once the referral agent agreed to participate in the study, a questionnaire, a consent letter and return envelope were forwarded via mail.

4. The intern analysed data collected from the completed questionnaires and presented the findings in a research report found in Part Two of the Internship Report.

Conclusion

To obtain a Master of Education, Memorial University requires the completion of either a thesis, paper folio, project or internship. To fulfill University requirements, the candidate selected the internship route. The internship was chosen because it was felt clinical experience in a supervised setting would enhance the intern professionally.

Blomidon Place, a community-based interagency located in Corner Brook, Newfoundland, was the selected internship site. This site was selected because the intern had no previous experience in a community mental health setting. It was felt that completing an internship in this setting would expand the intern's knowledge base.

During the internship, the intern became familiar with the delivery of services in a community-based, interagency mental health centre. Through this setting, the intern was given the opportunity to work closely with professionals from various agencies such as health, education, social services and justice. Individuals worked together to ensure that services were tailor made to meet the mental health needs of the clients.

The intern gained experiences in the following areas: case management; assessment; individual, group and family counselling; consultation with other professionals; interagency collaboration, referral and intake processes. These valuable experiences have prepared the intern for her future work as a counsellor.

A research project was completed during the internship. The intern carried out a study to review Blomidon Place's services, referral and intake procedures. The following research skills were acquired: questionnaire development; research methodology; data collection; data analysis and report writing.

There were very few limitations experienced during the placement. The intern felt that observing other counsellors during co-therapy may have developed her counselling skills further. Due to time restriction, co-therapy was not possible.

Overall, the internship process was a valuable experience that helped the intern obtain counselling skills and experience in a community-based, interagency mental health setting. Blomidon Place is a unique setting rich in expertise and professionalism. It is an excellent placement for students pursuing experience and professional development in the mental health field.

Part Two
Research Component

Introduction

The study assessed Blomidon Place's range of services, referral and intake procedures. Blomidon Place is an example of a unique comprehensive, community-based interagency mental health centre located in Corner Brook, Newfoundland. The centre came about as a community mental health initiative of western Newfoundland. It was established to meet the needs of children, youth and families in the Bay of Islands area of western Newfoundland. In keeping with the philosophy of comprehensive, community-based interagency programs described in the literature, Blomidon Place is located in an area that is accessible to the clients it seeks to serve. Interagency collaboration occurs when professionals from Human Resources & Employment, Justice, Education and Health work in close cooperation and use an integrated approach to prevent, assess and treat clients. Mental health services are client centred and allow consumers to determine their own needs. Both the client and the family play an important role in the planning and delivery of services. A case manager is responsible for ensuring that services are effectively coordinated across agencies and are tailored to meet the client's needs (Community Mental Health Initiative, 1995; Cox, 1993; Falloon & Faddon, 1993; Families, 1994; Huxley et al, 1993).

Blomidon Place's Services

Blomidon Place tailors its services to meet the needs of individual clients and their families. The range of services offered includes: individual counselling, family counselling, group counselling, court ordered assessments, consultation and case coordination conferences. A combination of staff and outside resource people provide these services. The duration of service to an individual client is normally open-ended. Group counselling sessions usually have a set number of sessions.

Blomidon Place's Referral Procedures

Blomidon Place's referrals may come from any outside agency or person. The referral agent is required to complete a referral form and obtain written consent from the client and/or the client's parent(s) to release information to the centre. Both forms are forwarded to the intake coordinator at Blomidon Place.

Blomidon Place's Intake Procedures

Once the intake coordinator receives a referral, the client is contacted and the intake process is described to him or her in detail. The intake coordinator interviews the individual client, his or her parents and/or family to gather additional information and to discuss the most appropriate services for the client.

Once information is gathered, the intake coordinator presents the case at a weekly intake meeting. The intake coordinator, the staff psychologist and social worker attend the

meeting. Others typically in attendance are a psychiatrist, two educational psychologists and representatives from Child Protection, Human Resources and Employment and Western Memorial Regional Hospital's Psychological Services.

During the meeting, the case is discussed and a decision is made whether Blomidon Place will provide services. If a decision is made to provide services, a preliminary treatment plan is outlined. The case is assigned to the staff psychologist or social worker or is placed on the wait list. Contact is made with the referral agent and the client to discuss the outcome of the intake process. If a referral is denied, the intake coordinator contacts the referral agent and suggests an appropriate mental health agency.

The staff psychologist or social worker becomes the case manager. The case manager is required to carry out, evaluate and, when necessary, modify the treatment plan. When appropriate, the case manager arranges consultation and coordinates services with outside agencies. The case manager is also responsible for termination and follow-up.

Purpose of the Research

Since Blomidon Place has been in operation for one year, the staff felt that it was necessary to review the intake and referral procedures and the range of services offered. The staff expressed some concern that referral agents may find the referral process and the consent forms used confusing. They also felt that the formal nature of the intake procedure may deter clients from availing of the services.

This study sought to gather information that will assess the range of services,

referral and intake procedures of Blomidon Place, as perceived by referral agents. The referral agents from various agencies (Health, Education, Human Resources and Employment and Justice) were asked to complete a specifically developed questionnaire. The questionnaire contained items to gain perceptions of the referral procedures, intake procedures and range of services. The respondents were given the opportunity to provide open-ended feedback pertaining to Blomidon Place's specific strengths and weaknesses, and to suggest ways for improving the referral and intake process and the range of services offered.

Review of the Literature

According to Stroul and Friedman (1986), no single community-based interagency approach has been developed which meets the complex needs of comprehensive, community-based interagency services. However, the literature offers several examples of comprehensive, community-based interagency services, referral and intake procedures.

Key Components of Comprehensive, Community-based Interagency Services

Recently published literature suggests that a change is occurring in the mental health services available to youth and their families (Huxley et al, 1993 ; Cox, 1993; Falloon and Faddon, 1993; Families, 1994; Woods, 1993; Stroul and Friedman, 1986). Traditionally, the mental health services a client received depended upon which door he or she used to enter the system. Now, according to Cox (1993),

no single discipline can identify the common root of a client's multiple problems and no single system can access all types of services that are available throughout all systems (p. 15).

This view is shared by Stroul and Friedman (1986), who state that "the needs of children and youth cannot be met by the mental health system in isolation. A comprehensive array of mental health and other services are required to meet their needs" (p. iv). Service providers must now strive to offer a comprehensive, community-based interagency system of care to meet the needs of youth and their families (Epstein & Quinn 1996; Schmitz & Gilchrist 1991; Child Welfare, Children's Mental Health and Families 1994). Many articles describe several key components of a comprehensive, community-based interagency system of care. A brief discussion of common key components found in this literature is offered below.

(A) Community-Based Service

A community-based service is one located near to those it seeks to serve. The location increases the access of mental health services so that clients and their families can readily receive the help they need. Services are provided to youth and families in a natural, familiar environment that is considered less threatening than some past, traditional mental health settings such as hospitals or residential care centres (Child Welfare et al, 1994; Huxley et al., 1993).

(B) Interagency Collaboration

Interagency collaboration occurs when centres provide a broad range of services cutting across a variety of disciplines and settings. Services might, for example, be coordinated across traditional categorical systems and agencies such as Health, Social Services, Education and Justice. These independent agencies coordinate their services around the needs of the client (Huxley et al, 1993; Cox, 1993).

In the document Mental Health for Canadians Striking a Balance (1988), the federal government recommends that community-based services take an “interagency approach” to providing mental health services. This approach uses an integrated team whose aim is to reduce duplication of services and to allow clients to access more than one treatment component at a centre (Community Mental Health Initiative, 1995). The document prepared by Child Welfare, Children’s Mental Health and Families (1994) titled, A Partnership for Action, recommended that communities following an interagency approach should “explore single points of entry for children, youth and families and provide a case management system that supports those who receive services from multiple systems” (p. 9).

Interagency collaboration reduces duplication and fragmentation in service delivery. It enables clients with multiple needs to access treatment provided by a number of agencies.

(C) Flexible Case Management

Case management is a mechanism for coordinating mental health services to ensure

the needs of the client are met. There are many different approaches to the organization and practice of flexible case management. One approach involves the use of a single case manager who is responsible for coordinating services. The case manager is responsible for developing, executing and monitoring the treatment plan. Another approach involves the use of a case management team. The team typically is made up of professionals from various agencies. Professionals from various agencies agree on the allocation of responsibility for managing different aspects of the case.

Team case management and single case management approaches can be integrated. When this occurs, a single case manager is selected from the case management team. He or she is responsible for the development, coordination of services and for the monitoring of the treatment plan. Team members are responsible for providing aspects of the treatment that correspond with their expertise (Woods, 1993; Onyett, 1992; Schmitz & Gilchrist, 1991).

Flexible case management is needed to ensure services are coordinated and tailor made to meet the needs of the client.

(D) Child Centred Focus

Mental health services that have a child centred focus offer services based on the needs of the child and family. The services provided are individualized to meet the client's needs. Services are based on the premise that children and families should have a considerable voice in the services they receive. The family is involved in all aspects of the

treatment plan, delivery, management and evaluation. They are given the opportunity to identify and plan services which best meet their own needs. When family members do not wish to be part of the services, every effort should be made to explain the treatment process so that the family can have a greater understanding of the services provided (Child Welfare, 1994; Joint Publication of the Education and Human Service Consortium, 1991; Woods, 1993).

Examples of Comprehensive, Community-based Interagency Referral Procedures

A community-based interagency must have criteria that the client has to meet in order to be considered for services. Once these criteria have been determined, referrals should be considered from any agency or the general public (Onyett, 1992).

The document, Contemporary Counselling (1987), describes a referral process that requires referral agents (with the permission of the client) to contact the receiving professional and explain aspects of the client's case and why the referral is being made. The referral agent is responsible for following-up on the referral by making contact with the receiving professional to discuss the treatment that will be provided.

Sharon Cheston (1991) in her book, Making Effective Referrals, suggests that before contact is made with a receiving professional or agency, the referral agent is required to complete a referral form and obtain written consent from the client to release information. She states,

this allows the referral information to flow between two helpers as long as the client permits. The release also formalizes the referral and permits the helpers the freedom to talk honestly and openly (p. 8).

Onyett (1992), suggests that referrals should be made by telephone because this offers the opportunity to collect a lot of information at an early stage. In order to accept referral by telephone, a skilled administrator must record information and screen out referrals.

Examples of Comprehensive, Community-based Interagency Intake Procedures

If a referral has met general criteria proposed by the mental health agency, the intake process begins. Intake processes may vary depending on the policies governing the agency.

Woodruff and Anson (1989), describe an intake process that begins with a team member assessing the client and family's needs through a series of intake meetings. The meetings take place at the family's residence and/or a community agency. The team member conducting the intake gathers the following information: the agencies or services already involved with the client/family; a medical history; the client's and family's expectations and need for service.

Onyett (1992) suggests that once referral has met the general criteria set by the mental health agency, registration details should be collected. This step should include checking with other mental health agencies to determine if the case is known. This will

help avoid duplication or overlap in services. The case is then taken to a clinical review meeting where it is discussed and a case manager is assigned.

Cox (1993), An Integrated Children's Mental Health System: Coordinating the Needs of Children with Multiple Problems, describes a system in which the referral and intake procedures are combined. When agencies, practitioners, parents, or community outreach centres feel they, alone, cannot meet the mental health needs of the child and family, a referral is made by contacting the community-based interagency. A mental health worker known as a "facilitator" gathers information and presents the case to the interagency team. The team decides whether any additional assessment is needed and determines if there is need for further interagency coordination needed or whether the case can be assigned to a single agency (Cox, 1993).

Examples of Integrated Approaches to Comprehensive, Community-Based Interagency Services

Falloon and Faddon (1993) in their work entitled, Integrated Mental Health Care: A Comprehensive Community Based Approach, describe a comprehensive community-based approach that provides interagency mental health services. The proposed model is similar to other models in that it fully integrates resources from all agencies to ensure that the most effective treatment is provided to meet clients' mental health needs. Unique to this model is the use of a family practitioner as case manager. Small multidisciplinary teams of mental health professionals are allocated to each family practitioner. The

practitioner ensures case management is provided by organizing professionals within the team and resources in the community (Falloon & Faddon, 1993).

The team takes a “biopsychosocial” approach that integrates the use of drug and biological treatments with psychosocial strategies. The team shares decision making about the strategy choice, therapeutic goals, intervention and evaluation (Falloon & Faddon, 1993).

Cox (1993), An Integrated Children’s Mental Health System: Coordinating the Needs of Children with Multiple Problems proposes a system of care that is functionally integrated to meet the needs and improve the lives of children and their families. Unique to this model is the collaboration of professionals from the multiple agencies that carry out integrated functions. Integrated functions involve the use of multiple agency intake and multiple agency assessment. An interagency team works with the child and family to develop a plan of care. The plan of care is individualized, utilizing a combination of services, supports and activities. There is a unitary case manager, who is responsible for coordinating services in partnership with the child and family (Cox, 1993).

In this model, interagency collaboration can occur on two levels. The first level is more intense and involves interagency case planning to encourage early intervention. The second level involves consultation and collaboration of two or more agencies. The second level is less intense because all clients do not need a high level of intervention (Cox, 1993).

A document prepared for the province of British Columbia entitled, A Handbook

for Integrated Case Management (1993), described a model that uses an interagency management team approach to develop and monitor treatment plans to meet the mental health needs of youth and families. A single case manager is selected from the case management team. The case manager coordinates the services offered to the client. Each team member is responsible for providing service in their area of expertise (Woods, 1993). The process begins with the interagency management team gathering to describe the case and pool information. They develop goals, interventions, and identify people who will be responsible for carrying out the planned treatment activities. Team meetings are scheduled to monitor the case and keep members informed of treatment progress. When necessary, the team may modify a plan to better meet the client(s)' needs (Woods, 1993).

A Comparison of the Blomidon Place Model with Comprehensive, Community-based, Interagency Models Described in the Literature

Blomidon Place is an example of a unique model of comprehensive, community-based, interagency approach to mental health services. The Blomidon Place model is a composite, comprised of characteristics paralleled in existing models.

Similar to other models, Blomidon Place has a set criteria which a client has to meet in order to be considered for services (Onyett, 1992; Cheston, 1991; Cox 1993; Woodruff and Anson, 1989; Woods, 1993). Referrals are taken from any outside agency or individual. Similar to the model for referral described in Making Effective Referrals (1991), Blomidon Place requires the referral agent to complete a referral form and receive

written consent from the client to release information to the centre.

The initial stage of Blomidon Place's intake process parallels the model described by Woodruff and Anson (1989). In both models the intake process begins when a team member receives the referral and subsequently meets with the client and/or the family to gather information and complete an assessment.

Similar to the model described by Cox (1993), Blomidon Place has a weekly intake meeting. During the meeting, the intake coordinator presents information gathered on the new referrals. The meeting is attended by the staff psychologist and social worker, team members from outside agencies including: a psychiatrist, two educational psychologists and representatives from Child Protection, Human Resources and Employment and Western Memorial Regional Hospital's Psychological Services.

During the meeting, the case is discussed and a decision is made whether Blomidon Place will provide services. If a decision is made to provide services, a preliminary treatment plan is outlined. The case is assigned to the staff psychologist or social worker or is placed on the wait list. Contact is made with the referral agent and the client to discuss the outcome of the intake process.

Once a case is accepted by Blomidon Place, the client is assigned to the staff psychologist or social worker, who becomes the case manager. As case manager, the person is responsible for service provision, service coordination, termination and follow-up. Similar procedures are followed by Cox (1993).

Services to clients are individually tailored by the professional accepting the client.

These services vary depending on the professional's area of expertise.

While the center, to date, has not engaged in any follow-up. To do so is the center's intent. It was noted in the literature on comprehensive, community-based, interagency mental health services; there was virtually no discussion of follow-up practices.

Methodology

Instrument

A questionnaire was used to survey referral agents' perceptions of the procedures and services of Blomidon Place. The questionnaire was designed to reflect and explore various aspects of the operating philosophy, mandate and policies governing Blomidon Place. During the development of the questionnaire, input was sought from the professional staff. The staff provided input to assist in the development of items measuring referral, intake and range of services. The questionnaire was informally piloted with professionals at Blomidon Place and went through several revisions based on the feedback offered. The final draft of the questionnaire was approved by the Memorial University of Newfoundland Faculty of Education Graduate Ethics Committee.

The questionnaire used a combination of Likert scale and open-ended questions. It was estimated that twenty minutes would be needed to complete the twenty-four items

found on the instrument.

Items were divided into five sections. Section A consisted of four items used to obtain general information from the participants. Information was sought regarding how the referral agents learned of the centre; the length of time the services were used and the number of referrals made by referral agents. Section B had four items that measured respondents' perceptions of the overall referral process; the referral and consent forms used; and the time between referral and first contact with the intake coordinator. Section C was made up of five items. These items were used to assess the respondents' perceptions of the overall intake process and how effectively the intake process met both the referral agents' and clients' needs. Additional items in this section were designed to assess if the process avoided duplication of services and respected confidentiality of the clients. Section D was comprised of eight items to assess the perceptions of the range of services. The services to be rated were individual, group and family counselling; court ordered assessments; consultation and case coordination conferences. The final section, E, contained items seeking information pertaining to the strengths, weaknesses and areas for improvement at Blomidon Place.

Sections B, C and D required respondents to mark each item on a four point Likert scale. Items were to be rated as very satisfactory, satisfactory, dissatisfactory and very dissatisfactory. The respondents could also give a "not applicable" response. In section E, respondents were required to select a yes or no response. For each item in sections B, C, D and E, a space was provided for written comments. A copy of the

questionnaire is located in Appendix 1. It has been reformatted from its original version to fit the text of this document. Paraphrased written comments can be found in Appendix 4.

Procedure

A list of the thirty-two referral agents who have made at least one referral to Blomidon Place was obtained. Individuals were employed by agencies that include Health, Justice, Social Services (renamed Human Resources and Employment), and Education.

The referral agents were initially contacted by telephone. The purpose of the study was explained and commitment was requested. All thirty-two agreed to participate in the study.

Once the respondents agreed to participate in the study, a copy of the *questionnaire*, a *consent letter* and a *return envelope* was sent. The consent letter (Appendix 2) provided a brief description of the study, people to contact for more information regarding the study and a deadline for completion. One week before the deadline, respondents were sent a reminder memo (Appendix 3).

Questionnaires and consent letters were returned by twenty-one (21) participants including 10 Health, 8 Education, 1 Justice, 2 Human Resources and Employment (Social Services), for an overall response rate of 65.6%.

Results

Section A

This section asked respondents how they learned of Blomidon Place. They were asked how many referrals they have made to the centre and the length of time they have been using the services.

Referral agents indicated that they learned about Blomidon Place from a number of sources. Members of Blomidon Place's planning committee made up five of the respondents. They knew of its services because of their direct involvement during initial planning of the centre. Four learned of the centre through a presentation that described the centre and its functions. Three heard about the service at a public meeting to announce the opening of the centre. Social workers introduced the centre to three respondents. Three referral agents became aware of the service through educational psychologists housed at Blomidon Place. Two were notified by a pediatrician who uses the centre to offer a travelling clinic and one from a memorandum describing Blomidon Place's functions. Results are presented in Table 1.

TABLE 1

Where Respondents Heard About Services

Source	Number of Respondents (n)
Public Meeting	3
Presentation	4
Planning Committee	5
Clinical Committee	2
Memorandums	1
Social Workers	3
Educational Psychologists	3

All respondents indicated that they had been using the service for more than five months. Eighteen respondents had been using the service for 9 to 12 months and three for 5 to 8 months. Results are presented in Table 2.

TABLE 2

Length of Time Referral Agents Have Been Utilizing Service

Length	Number of Respondents (n)
Less than 1 month	0
1 to 4 months	0
5 to 8 months	3
9 to 12 months	18

* Blomidon Place has been in operation of 12 months.

When asked how many referrals were made to the center, two respondents indicated they had made 11 to 15 referrals, ten have made 6 to 10 referrals and nine have referred 1 to 5. Results are found in Table 3.

TABLE 3

Number of Referrals Made

Referrals	Number of Respondents (n)
0 to 5	9
6 to 10	10
11 to 15	2
more than 15	0

Section B

Section B sought information on respondents' perceptions of the referral procedures used at the centre. The specific areas explored included: the overall referral process, consent and referral forms used and the latency between referral and contact. Respondents were given the opportunity to comment on each item. Paraphrased comments are found in Appendix 4.

Four (19%) of respondents indicated the referral process was very satisfactory. Fifteen (71%) found the overall referral process satisfactory; two (10%) were dissatisfied with the process. Twelve (57%) of the referral agents were satisfied with the referral forms. Three (14%) were dissatisfied. When asked for their perceptions of the consent

forms, 13 (62%) of the referral agents indicated that they were satisfied. Three (14%) found the consent forms very satisfactory and three (14%) dissatisfactory. Ten respondents indicated that they regarded first contact with the intake coordinator satisfactory. Four (19%) of referral agents were very satisfied and four (19%) were dissatisfied. The raw scores and percentages for Section B of the questionnaire appear in Table 4.

TABLE 4

Section B: Referral Agents' Perceptions of Blomidon Place's Referral Procedures

Item	VS*	S	D	VD	NA	NR
Referral process.	4(19)**	15 (71)	2 (10)	0 (0)	0 (0)	0 (0)
Referral forms.	5 (24)	12 (57)	3 (14)	0 (0)	1 (5)	0 (0)
Consent forms.	3 (14)	13 (62)	3 (14)	0 (0)	2 (10)	0 (0)
Time between referrals and contact.	4 (19)	10 (48)	4 (19)	0 (0)	3 (14)	0 (0)

* Note: The letters indicate the following rating categories: VS - Very Satisfactory, S - Satisfactory, D - Dissatisfactory, VD - Very Dissatisfactory, NA - Not Applicable, NR - No Response

** The cells contain raw scores with percentages given in parenthesis.

Section C

In Section C, participants were asked to rate intake procedures on a scale that ranged from “very satisfactory” to “very dissatisfactory”. An opportunity to comment was given after each item (paraphrased comments are found in Appendix 4). The areas rated included the overall intake process and how effectively the intake process met the referral agents’ and the clients’ needs. They were also asked if they felt the intake process reduced duplication of service delivery and if the intake process respected the confidentiality of the client.

Eight (38%) of the 21 participants rated the intake process very satisfactory and eight (28%) gave a satisfactory response. Three (14%) were dissatisfied with the intake process; while two (10%) did not respond. When asked if the intake process met the client’s needs, six (28%) very satisfactory responses were given. Eight (38%) of the 21 participants indicated that the intake process was satisfactory in meeting the client’s needs; while three (14%) of respondents were dissatisfied. Four (19%) of respondents provided written comments. All four comments were positive. A typical comment was: “ Clients are aware of the process and satisfied.”

Seven (33%) respondents rated the intake procedure as very satisfactory in that it also met the referral agents’ needs. Eight (38%) were satisfied. One (5%) rated the intake procedure to be very dissatisfactory. One did not respond and one indicated not applicable.

When asked if the intake procedures led to a reduction in the duplication of

services, five (24%) gave very satisfactory responses. Nine (42%) were satisfied; while an equal number, one (5%) were dissatisfied or very dissatisfied. Five (24%) gave no response.

Eight (38%) gave very satisfactory ratings when asked if the intake procedures respected client's confidentiality. Nine (42%) were satisfied and two (10%) were dissatisfied or found the question not applicable. The raw scores and percentages for Section C of the questionnaire appear in Table 5.

TABLE 5

Section C: Referral Agents' Perceptions of Blomidon Place's Intake Procedures

Item	VS*	S	D	VD	NA	NR
Intake process.	8(38)**	8(38)	3(14)	0(0)	2(10)	0(0)
Meets the client(s)' needs.	6(28)	8(38)	1(5)	0(0)	1(5)	5(24)
Meets the referral agent(s)' needs.	7(33)	8(38)	3(14)	1(5)	1(5)	1 (5)
Reduces duplication in services.	5(24)	9(42)	1(5)	1(5)	0(0)	5(24)
Respects confidentiality of clients.	8(38)	9(42)	2(10)	0(0)	2(10)	0(0)

*Note: The letters indicate the following rating categories: VS - Very Satisfactory, S - Satisfactory, D - Dissatisfactory, VD - Very Dissatisfactory, NA - Not Applicable, NR - No Response

** The cells contain raw scores with percentages given in parenthesis.

Section D

Section D was comprised of items that requested respondents to rate and comment on the clarity and range of services offered at Blomidon Place. The services identified on the questionnaire were: individual counselling, group counselling, family counselling, court ordered assessments, consultations and case coordination conferences. Paraphrased comments are found in Appendix 4.

Four (19%) of the 21 respondents indicated that they were very satisfied with the clarity of the range of services offered at Blomidon Place. An equal number, six (28%) gave satisfactory or dissatisfactory responses; one (5%) were very dissatisfied. Five (24%) individuals gave written comments on this item. Four of the five written comments indicated that more communication is needed to clarify the range of services offered. The general theme pertaining to this item is typified by one respondent who commented: "It is time to communicate more clearly the range of services."

Provision of individual counselling was rated very satisfactory by 4 (19%). Nine (42%) gave satisfactory responses; while two (10%) were dissatisfied. One (5%) indicated the item is not applicable and 5 (24%) gave no response. Individuals who made comments pertaining to the individual counselling services, indicated that more staff was needed to reduce the waitlist for these services.

Group counselling was rated very satisfactory by four (19%) of respondents. Nine (42%) were satisfied. An equal number, one (5%) gave dissatisfactory or very dissatisfactory or not applicable responses. Seven (33%) did not give a response. As one

respondent said: “ It is exciting to see group work for adolescents but there is a constraint because of the number of staff.”

Three (14%) indicated family counselling was very satisfactory. Eight (38%) of the 21 respondent were satisfied and seven (33%) gave no response. Two of five written commenters indicated that they were “ not aware of any families receiving service.”

Court ordered assessments were found to be very satisfactory by two (10%) of the 21 respondents. Five (24%) gave a satisfactory rating and seven (33%) rated the court ordered assessment service not applicable; while seven (33%) did not respond. There were no written responses for this item.

Twelve (57%) of the twenty-one participants were satisfied with the availability of staff for consultation. Four (19%) provided written comments. All four comments indicated the staff was considered to be available for consultation. A respondent said: “The staff is available and I respect their professional opinions.” This comment represents the common theme expressed by all four individuals.

An equal number, six (28%) of respondents found the practice of having regular case coordination conferences very satisfactory or satisfactory. Five (24%) of the 21 respondents found this service to be dissatisfactory. Written comments were provided by eight (38%) of the referral agents, four stating that the service was best described as “very helpful” and “very thorough and excellent.” The remaining four comments suggested that the service “is not clearly established” and “there continues to be a feeling that everyone is working in isolation.”

Communication with staff was considered "very satisfactory" by four (19%) of respondents. Twelve (57%) were satisfied and one (5%) very dissatisfied. Written comments were provided by three (14%) of respondents, two stated the service was "excellent" and one expressed the view that communication was "non existent."

Table 6 contains the raw scores and percentages for Section D.

TABLE 6

Section D: Referral Agents' Perceptions of Blomidon Place's Services

Item	VS*	S	D	VD	NA	NR
Clarity of range of services.	4(19)**	6(28)	6(28)	1(5)	2(10)	2(10)
Individual Counselling.	4(19)	9(42)	2(10)	0(0)	1(5)	5(24)
Group Counselling.	4(19)	9(42)	1(5)	1(5)	1(5)	5(24)
Family Counselling.	3(14)	8(38)	1(5)	1(5)	1(5)	7(33)
Court Ordered Assessments.	2(10)	5(24)	0(0)	0(0)	7(33)	7(33)
Consultation.	4(19)	12(57)	0(0)	0(0)	1 (5)	4(19)
Case Coordination/ Conferences.	6(28)	6(28)	5(24)	0(0)	2(10)	2(10)
Communication with staff.	4(19)	12(57)	0(0)	1(5)	1(5)	3(14)

* Note: The letters indicate the following rating categories: VS - Very Satisfactory, S - Satisfactory, D - Dissatisfactory, VD - Very Dissatisfactory, NA - Not Applicable, NR - No Response

** The cells contain raw scores with percentages given in parenthesis.

Section E

In Section E, participants were asked to indicate whether Blomidon Place has any specific strengths, weaknesses or areas needing improvement. An opportunity was provided to offer a written comment. Comments are found in Appendix 4.

When asked if Blomidon Place has any specific strengths, 17 (81%) of respondents indicated “yes,” one (4%) indicated “no” and three (14%) gave no response. Fifteen (71%) of the 21 participants offered comments. It was felt that the staff is professional and knowledgeable and that the intake coordinator role is effective. Overall, it was felt that Blomidon Place facilitated interagency coordination that led to a reduction in the duplication of services offered to clients.

Thirteen (62%) indicated that Blomidon Place has specific weaknesses. Four (19%) indicated that there were no weaknesses or gave no response. Written comments were offered by 14 (66%) participants. The main themes in their comments were: more communication is needed between staff and referral agents; the physical facilities of Blomidon Place are inadequate, and more workers are needed.

While 14 (66%), identified that they had recommendations for improvement, only 13 (62%) offered actual suggestions. Suggestions offered included: adding more staff; increasing communication between staff and referral agents; improving facilities and increasing public relations.

Conclusions

Overall, referral agents found Blomidon Place's referral procedures, intake procedures and the range of services offered to be generally satisfactory. It is clear, based on the data supplied that the services were utilized and cases were being referred.

More specifically, referral agents were satisfied with the referral process that required them to complete a referral form and obtain written consent from persons being referred. The forms used by the centre were found to be easily completed and concise. Once the referrals were made, the respondents indicated that they were readily contacted by the intake coordinator. The time between referral and contact was deemed satisfactory.

Once a referral is completed, the intake process began. This process began when the intake coordinator contacted the client to gather additional information. Once this information was gathered, the intake coordinator presented the case at a weekly intake meeting. The meeting was attended by representatives from Health, Education and Social Services. Referral agents were satisfied with this overall intake process. They felt the process was meeting both their needs and the clients' needs and further felt that clients' confidentiality was respected. By using an interagency intake procedure, it was felt that there is a reduction in duplication of services offered to clients.

Even though the overall intake process is deemed satisfactory, the number of dissatisfactory and very dissatisfactory responses indicated the process may need some modification. Written comments reflecting dissatisfaction indicated that: "Having so many people involved in intake is very intrusive to the client." Other comments pointed out that

“ It is difficult to understand the role of the referral agent during intake.” and that more communication is needed between the referral agents and Blomidon Place’s staff during intake.

Referral agents had varying perceptions of the clarity and range of services. Clearly, the centre needed to make better known the range of services offered. “There is a general sense of confusion as to what services are available.” and that “The general public is unaware of Blomidon Place’s existence.”

Referrers positively perceived individual, group and family counselling. They felt these services were of “excellent quality”, but that there was a need for extra staff to reduce waitlists and thereby to allow the centre to better meet consumer demand. A small number of respondents were unaware of the family counselling service.

Many respondents did not give a response when asked to comment on the centre’s provision of court ordered assessment. Several responded not applicable to the question. Since court ordered assessments are only directly accessed by justice agencies, it was likely individuals from other agencies would be unfamiliar with this dimension of the centre’s service.

Consultation between professionals at Blomidon Place and referral agents was seen as a very valuable service. Referral agents found the professional staff readily available. Case coordination conferences were also perceived as a helpful, valued service.

According to referral agents, Blomidon Place had specific strengths and weaknesses and some areas that need improvement. The majority of respondents found

the centre's greatest strength to be the professional staff, who were described as "knowledgeable," "cooperative" and having a "wide range of expertise." A second strength was the role of the intake coordinator, which was deemed to be "effective." Having this role "assists in decreasing clients' resistance."

One weakness of the centre was its physical facilities. Referral agents did not find the facilities conducive to client/user privacy. Another weakness was the lack of staff. Respondents felt extra staff are needed to shorten the waitlists and better meet client demand. There was an expressed need for greater communication between referral agents and professional staff.

Suggestions were offered to improve Blomidon Place. A change in the physical facilities was recommended. The change would produce a more conducive therapeutic environment. Increased public relations were suggested to clarify the range of services offered by Blomidon Place.

Limitations of the Study

Information obtained in this study was limited in several ways. To obtain a comprehensive review of Blomidon Place's referral, intake procedures and services, additional data is needed. Information in this study was gathered from only one source. Therefore, results may not be generalizable to other populations familiar with Blomidon Place. Additional information could be gathered from service providers, clients, families and arms length agencies. To truly assess the centre's effectiveness, data on the frequency

of referrals to other agencies and on the demand for services in other agencies might be collected.

A questionnaire was used to gather information. In using a questionnaire, the possibility exists that respondents subjectively interpreted the content of the items. To increase validity of the data, information might also be collected through interviews and focus groups. Questionnaire items could have been more detailed to focus on specific aspects of the range of services, referral and intake procedures.

Although the above limitations exist, the results of the study provide an insight into referral agents' perceptions of Blomidon Place's functioning. Useful information was collected on the centre's referral and intake procedures and the range of services. This information could be beneficial to the revision of the services, referral and intake procedures. The findings could support a request for additional support for the centre.

Blomidon Place is a unique community-based, interagency mental health centre. Representative from Health, Human Resources and Employment, Justice and Education collaborate to provide client centred mental health services tailored to meet the client's and family's needs. The interagency intake and service delivery reduced duplication in assessment and the services offered to a client. Interagency collaboration ensures that clients with multiple needs can receive services from more than one agency because "no single system can access all types of services that are available throughout all systems"

(Cox, 1993).

Recommendations

Referral and Intake

Based on the review of Blomidon Place's referral and intake procedures the following recommendations are made. It is recommended that the centre:

1. continue using its existing referral and intake procedures.
2. improve communication between referral agents and professional staff during referral and intake. This can be accomplished by contacting the referral agent once the case has been presented at intake and a decision has been made on a referred client.
3. seek a mechanism that will allow greater responsibility to be placed on the referral agent to follow-up the referred client. (Humes, 1987).
4. consider ongoing evaluation to assure satisfactory referral and intake procedures are maintained.

Services

Recommendations based on the review of Blomidon Place's services are as follows:

1. The range of service currently offered should be maintained.
2. An effort be made to increase availability of services by hiring extra staff.
3. A mechanism be initiated whereby referral agents can be updated on the nature and success of services provided to individual clients.
4. Increase public relations to ensure the range of services offered by Blomidon Place and

agencies involved in interagency collaboration become better known to professionals and the general public.

5. An effort be made to improve the physical facilities.

Features deemed desirable in a centre might include: increased office and group room space; sound proof offices and group rooms; sufficient natural light; adequate parking for staff and clients and improved air quality.

6. Ongoing evaluation is needed to ensure satisfactory services are maintained.

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Appendix 1

Note: The questionnaire has been modified from its original format.

Blomidon Place: An Inter-agency Approach Review of Procedures and Services Volunteer Questionnaire

Please take a few minutes to answer the following questions. Your input will help improve the services at Blomidon Place.

Section A

1. Which agency do you belong?

Health Care _____

Human Resources & Employment _____

Justice _____

Other _____ Explain _____

Education _____

2. How did you learn about Blomidon Place?

3. How long have you been using the services at Blomidon Place?

less than one month _____

1 to 4 months _____

5 to 8 months _____

9 to 12 months _____

4. Approximately how many referrals have you made to Blomidon Place?

0 - 5 referrals _____

6 - 10 referrals _____

11 - 15 referrals _____

more than 15 referrals _____

Section B

The Referral Process

Blomidon Place uses a referral process in which the referral agent is required to complete a referral form and obtain client and/or parent consent. Both forms are forwarded to the intake coordinator at Blomidon Place.

Please circle a rating and where applicable comment on the following in relation to Blomidon Place's referral process.

VS=Very Satisfactory
S=Satisfactory
D=Dissatisfactory
VD=Very Dissatisfactory
NA=Not Applicable

5. The referral process.

VS S D VD NA

Comment: _____

6. The referral forms.

VS S D VD NA

Comment: _____

7. The consent forms.

VS S D VD NA

Comment: _____

8. The time between referrals and the intake coordinator's first contact with the referral agent.

VS S D VD NA

Comment: _____

Section C

The Intake Process

The following steps are involved in Blomidon Place's intake process:

1. Once a referral is received by the intake coordinator, the client(s) is contacted and notified of the intake process.
2. The intake coordinator interviews the client, parent and/or family to obtain relevant history, complete a psycho/social assessment and to discuss the most appropriate service for the client(s).
3. The intake coordinator presents the case at a weekly intake meeting. The meeting is attended by Blomidon Place's intake coordinator, psychologist and social worker, as well as a psychiatrist, two educational psychologists and representatives from child protection, social services and psychological services.
4. Once the case is determined appropriate for Blomidon Place, the needs of the client(s) are discussed and a preliminary plan is outlined and documented.
5. Contact is made with the referral agent and the client to discuss the outcome of the intake process..

Please circle a rating and where applicable comment on the following in relation to the Blomidon Place's intake process.

**VS=Very Satisfactory
S=Satisfactory
D=Dissatisfactory
VD=Very Dissatisfactory
NA=Not Applicable**

9. The intake process.

VS S D VD NA

Comment: _____

10. The intake process is meeting the client(s)' needs.

VS S D VD NA

Comment: _____

11. The intake process is meeting the referral agent's needs.

VS S D VD NA

Comment: _____

12. The intake process reduces duplication in services.

VS S D VD NA

Comment: _____

13. Confidentiality of the client(s) is respected during the intake process.

VS S D VD NA

Comment: _____

Section D

The Services

Please circle a rating and where applicable comment on the following in relation to Blomidon Place's services.

**VS=Very Satisfactory
S=Satisfactory
D=Dissatisfactory
VD=Very Dissatisfactory
NA=Not Applicable**

14. The clarity of the range of services available at Blomidon Place.

VS S D VD NA

Comment: _____

15. Individual Counselling

VS S D VD NA

Comment: _____

16. Group Counselling

VS S D VD NA

Comment: _____

17. Family Counselling

VS S D VD NA

Comment: _____

18. Court Ordered Assessment

VS S D VD NA

Comment: _____

19. Consultation

VS S D VD NA

Comment: _____

20. Case Coordination/Conference

VS S D VD NA

Comment: _____

21. Communication with the staff during the client(s)' treatment.

VS S D VD NA

Comment: _____

Section E

General

Please comment on the following.

22. Does Blomidon Place have any specific strengths?

Yes _____

No _____

If yes, please comment. _____

23. Does Blomidon Place have any specific weaknesses?

Yes _____

No _____

If yes, please comment _____

24. Do you have any recommendations to improve Blomidon Place?

Yes _____

No _____

If yes, please comment _____

Thank you for taking the time to complete this questionnaire.

Appendix 2

Dear _____,

I am a graduate student in the Educational Psychology program at Memorial University of Newfoundland. I am currently completing an internship at Blomidon Place. This service was established approximately one year ago to meet the mental health needs of children and their families in the Bay of Islands area. As a part of my internship, I am carrying out research which involves a review of Blomidon Place's procedures and services. The purpose of the study is to receive feedback that will help improve the referral, intake procedures and services.

In the past year you have made at least one referral to Blomidon Place and therefore I am hoping that you will participate in my study. Participants are required to complete a questionnaire which takes approximately 15 minutes of your time. The questionnaire consists of Likert (rating) scale and open ended questions.

All information gathered in the study is strictly confidential and at no time will individuals be identified. Participation is voluntary and you may refrain from answering any questions. This study has been approved by the Faculty of Education's Ethics Review Committee. The results of my study will be made available upon request.

If you agree to participate in this study sign below and return this copy in the enclosed envelope by **June 6, 1997** and keep the second copy for yourself. Once I receive the signed consent a questionnaire will be mailed to you. If you have any questions or concerns please do not hesitate to contact me at Blomidon Place, 634-4171. If at any time you wish to speak to a university representative not associated with the study, please contact, Dr. Linda Philips, Associate Dean, Research and Development.

Yours truly,

Elsie Colbourne

I _____ agree to participate in the review of services and procedures of Blomidon Place which is being conducted by Elsie Colbourne. I understand that participation is entirely voluntary and that I may omit any questions that I choose. All information is strictly confidential and no individual will be identified.

Appendix 3

Just a little reminder that the questionnaire titled **The Review of Services and Procedures of Blomidon Place** is to be completed by **Friday, June 6, 1997**. Thank you for taking time out of your busy schedule to provide your valuable input.

Sincerely,

Elsie Colbourne
Educational Psychology Intern

Appendix 4

Referral Agent's Paraphrased Comments

Section B: Referral

5. The referral process.

Ed. 3 - little feedback
Ed. 4 - user friendly
Ed. 7 - some duplication between the Educational Psychologist and intake coordinator.

6. The referral forms.

Ed. 3 - inappropriate
Ed. 4 - kept simple
Ed. 7 - nice and quick

7. The consent form.

Ed. 3 - awkward and difficult to explain to the parent
Ed. 4 - confusing
Ed. 5 - improved

8. The time between referrals and the intake coordinator's first contact with the referral agent.

Ed. 3 - little contact following the referral
Ed. 4 - follow-up and referral quick
Ed. 6 - excellent
Ed. 7 - disadvantage if the intake coordinator is unavailable
H. 4 - too long
H. 10 - didn't seem very long
HRE 2 - timely fashion

Section C: The Intake Process

9. The intake process.

- Ed. 3 - education does not have a role in the process
- Ed. 4 - seems okay
- Ed. 7 - duplication was occurring
- H. 3 - sounds excellent
- H. 4 - too long and too few staff
- H. 8 - having so many people involved is very intrusive to the client
- H. 10 - quite effective

10. The intake process is meeting the client(s)' needs.

- Ed. 4 - parents are positive about the referral
- Ed. 5 - appears to meet the client's needs when they are convinced the process will assist them.
- Ed. 7 - client aware of the process and satisfied.
- H. 10 - client centered with many disciplines to plan for the clients

11. The intake process is meeting the referral agent's needs.

- Ed. 4 - families contacted quickly
- Ed. 6 - very helpful
- Ed. 7 - sometimes involved and sometimes not
- HRE 1 - wait list frustrating
- HRE 2 - gives insight into the type of service that can be provided
- H. 6 - ensures the referral is appropriate for Blomidon Place
- H. 8 - difficult to understand the role of the referral agent.

12. The intake process reduces duplication in services.

- Ed. 2 - more communication is necessary
- Ed. 3 - more duplication
- Ed. 6 - provides services not otherwise available
- Ed. 8 - duplication not a problem
- H. 10 - it is often difficult to determine if a referral is appropriate for Blomidon Place

13. Confidentiality of the client(s) is respected during the intake process.

- H. 8 - concerned that clients are not aware that consent is for all members of intake to hear information about them.

Section D: Services

14. The clarity of the range of services at Blomidon Place.

- Ed. 3 - it is time to communicate more clearly the range of service
- Ed. 4 - general sense of confusion as to what services are available.
- HRE 2 - general public unaware of Blomidon Place's existence
- H. 8 - difficult to define where other similar service providers fit with respect to Blomidon Place
- H. 10 - have an understanding of services as explained to our staff

15. Individual Counselling

- Ed. 1 - excellent quality but a need for more staff
- Ed. 6 - excellent
- Ed. 7 - some cases have excellent communication, others have little
- H. 6 - need more workers, wait list not satisfactory
- H. 7 - need for more counsellors, limited individual, group and family counselling due to supply/ demand of consumer
- H. 8 - wait list discouraging and not accessible to wider area

16. Group Counselling

- Ed. 6 - excellent
- Ed 7 - not enough
- Ed. 8 - would like more contact from counsellors on children referred to groups
- HRE 1 - exciting too see group work for adolescents but there is a constraint because the number of staff
- H. 6 - more workers needed

17. Family Counselling

- Ed. 3 - I have no knowledge that family counselling has ever taken place.
- Ed. 4 - not aware of any families receiving counselling
- Ed. 7 - not enough
- H. 6 - more workers needed
- H. 10 - very needed and appropriate

18. Court Ordered Assessment

19. Consultation

Ed. 3 - I have enjoyed the opportunity and welcome more of this.
Ed. 4 - staff are available and I respect their professional opinions
Ed. 7 - would like to access some relevant counselling inservices Blomidon receives
Ed. 8 - excellent
HRE 1- always available

20. Case Coordination/Conference

Ed 4 - There continues to be a feeling that everyone is still working in isolation
Ed. 6 - excellent
Ed 7 - need to be more proactive in the early stages
Ed. 8 - would like more communication
HRE 1 - very useful
H. 6 - very helpful
H. 8 - not clearly established
H. 10 - very thorough and excellent

21. Communication with the staff during the client(s)' intervention.

Ed 3 - non existent
Ed. 6 - excellent
HRE 1 - ideas communicated back and forth

Section E

22. Does Blomidon Place have any specific strength?

Ed. 1 - professionalism of personnel, wide range of expertise, response to referral and prompt feedback
Ed. 2 - Family, individual and group counselling
Ed. 3 - access to psychiatric consult, very knowledgeable staff
Ed. 4 - professional staff
Ed. 6 - addresses needs without delays and long wait lists
Ed. 7 - interagency communication is slowly occurring
HRE 1 - case coordination, competent, cooperative staff
H. 1 - good name in the community
H. 2 - provides useful service for the community
H. 3 - presence intake coordinator helpful and helps decrease client resistance
H. 5 - acts quickly
H. 6 - reduces duplication in services, intake coordinator effective
H. 7 - trying to reduce duplication of services, availability consultation

- H. 8 - community based philosophy and partnership, reduces duplication inservices
- H. 10 - family centered approach, staff approachable

23. Does Blomidon Place have any specific weaknesses?

- Ed. 1 - building inadequate, parking, air quality. space
- Ed. 2 - communication needed, especially when clients are not meeting program requirements
- Ed. 3 - communication
- Ed. 4 - community uninformed
- Ed. 5 - understaffed
- Ed. 7 - more communication needed with schools
- Ed. 8 - more communication needed
- HRE 1 - need more staff
- H. 2 - more health workers needed
- H. 5 - forms confusing, little space for input
- H. 6 - need more workers
- H. 7 - the facility location is not conducive to consumer privacy
- H. 8 - lack of clearly defined roles
- H. 10 - not enough staff

24. Do you have any recommendations to improve Blomidon Place?

- Ed. 1 - change the location
- Ed. 2 - there is a need for more contact between justice, social services and the schools
- Ed. 3 - better communication
- Ed. 4 - increased public relations and clearly defined roles
- Ed. 5 - more staff and a more conducive physical climate
- Ed. 6 - hire more staff
- H. 3 - don't let the funding be cut
- H. 4 - need more staff to speed up intervention and need more follow-up
- H. 5 - new forms, more generic
- H. 6 - referral agents should receive a list of groups that are offered
- H. 7 - offices stuffy
- H. 8 - increased communication, less persons involved in intake and increase anonymity
- H. 10 - increase services in other areas

