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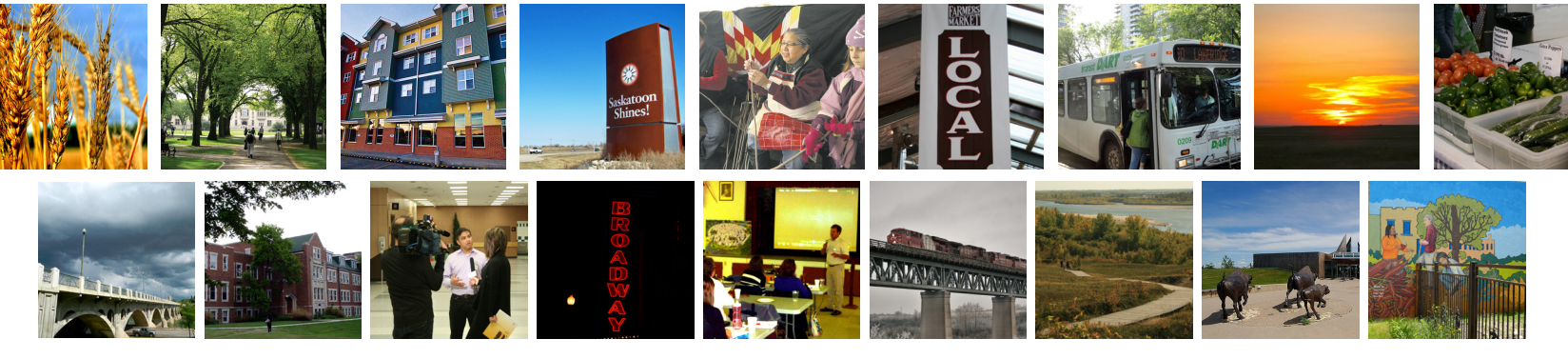
Program Evaluation of Crisis Management Services

Terra Quaife, Laurissa Fauchoux, David Mykota,
and Isobel M. Findlay



Community-University Institute for Social Research

Building healthy, sustainable communities

Since 1999, the Community-University Institute for Social Research (CUISR)—formally established as a university-wide interdisciplinary research centre in 2000—has remained true to its mission of facilitating "partnerships between the university and the larger community in order to engage in relevant social research that supports a deeper understanding of our communities and that reveals opportunities for improving our quality of life."

Strategic Research Directions

CUISR is committed to collaborative research and to accurate, objective reporting of research results in the public domain, taking into account the needs for confidentiality in gathering, disseminating, and storing information. In 2007 CUISR adopted five interdisciplinary strategies:

1. Saskatoon Community Sustainability
2. Social Economy
3. Rural-Urban Community Links
4. Building Alliances for Indigenous Women's Community Development
5. Analysis of community-university partnerships

These strategic directions extend our research organized until 2007 in three modules—quality of life indicators, community health determinants and health policy, and community economic development—the result of efforts to address health, quality of life, and poverty that led to the formation of CUISR to build capacity among researchers, CBOs, and citizenry.

CUISR research projects are funded largely by SSHRC, local CBOs, provincial associations, and municipal, provincial, and federal governments. Beginning in 2007, CUISR's reputation for high quality community-based participatory research (CBPR) enabled us to diversify our funding by responding to community agency requests to conduct research projects for them for a fee.

Tools and strategies

Knowledge mobilization: CUISR disseminates research through newsletters, brown bag luncheons, reports, journal articles, monographs, videos, arts-based methods, listserv, website.

Portal bringing university and community together to address social issues: CUISR facilitates partnerships with community agencies.

Public policy: CUISR supports evidence-based practice and policy at these tables: provincial Advisory Table on Individualized Funding for People with Intellectual Disabilities, Saskatoon Poverty Reduction Partnership, and Saskatoon Regional Intersectoral Committee (RIC).

Student training: CUISR provides training and guidance to undergraduate and graduate students and encourages community agencies to provide community orientation in order to promote positive experiences with evaluators and researchers.

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Acknowledgements

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List of Appendixes

Abstract

Organizations dealing with crisis situations need to be able to adapt to the needs of their clients (Krupa, Stuart, Mathany, Smart, & Chen, 2010). Program evaluations are essential to ensure that best services are being provided. Saskatoon Crisis Intervention Service (SCIS) contracted the Community-University Institute for Social Research (CUISR) to conduct an evaluation about the Crisis Management Service (CMS). The objective of the evaluation was to obtain client (Phase I) and service provider (Phase II) perspectives. To achieve this goal, a process evaluation within a utilization-focused model was selected (Patton, 1997).

Research questions for phase I included: 1) Are the goals of CMS consistent with the services that their clients receive? 2) Are the CMS clients that are being served the population that needs to be served? 3) Is the process of client engagement with CMS contributing to the desired goals of CMS? 4) What are the strengths of CMS? 5) What are the weaknesses if CMS? 6) Are clients generally satisfied with CMS?

Interviews for Phase I were conducted with 14 clients based on questions generated with CMS staff support. The transcripts from the interviews were analyzed using a general inductive approach (Thomas, 2006). Eight dimensions were found which show client perspectives on the care that they received from CMS, their experiences with the CMS program and the staff, and the benefits clients received from being involved with CMS. Some dimensions also reflected aspects about the program that the clients would like to change, for example having more constant support and having more finances. The first phase of the program evaluation thus provides valuable insight on clients' perspectives particularly that of vulnerable clients in crisis situations – an area that is not extensively researched.

In Phase II of this program evaluation, participants included seven service providers. Service providers were defined as people from other organizations who are familiar with and who come into contact with CMS programming and clients. An environmental scan was completed in order to obtain a clear picture of service providers who were involved with CMS and their clients. Research questions for Phase II included: 1) What are the service providers' perceptions of the quality of service offered by CMS? 2) Are there any gaps in the services that CMS clients' are receiving? 3) Do service providers perceive that CMS is fulfilling the needs of their clients? 4) What are the strengths of CMS? 5) What are the weaknesses of CMS? 6) Are service providers generally satisfied with CMS? 7) How can

services improve and how can CMS build on successes?

Researchers conducted interviews with individual service providers using questions generated from the results of Phase I. Transcripts from interviews were analyzed using the general inductive approach (Thomas, 2006). Four dimensions emerged which showed strengths and avenues for future growth for CMS. For instance, some participants stated that CMS workers are dedicated, knowledgeable, utilize effective communication, make referrals to other organizations, as well as balance the support and independence with their clients. Additionally, some participants stated that CMS requires elements for future growth such as, more workers and funding, in order to meet the needs of Saskatoon's growing population.

Based on the results of this study, two models of CMS were developed, one based on client experiences, and the other, based on the experiences of service providers. Last, recommendations are put forth to strengthen CMS as an organization and to ensure that it remains an integral part of the community.

Introduction

Saskatoon Crisis Intervention Service (SCIS) is an organization, which helps individuals who are experiencing crisis within the community, and is composed of two programs that are connected but distinct: 1) Crisis Management Service (CMS) and 2) Mobile Crisis.

Mobile Crisis is a 24 hours a day, 365 days a year phone service that deals with the urgent needs of its callers. Mobile Crisis has the capacity to help callers either by talking with them over the phone or by traveling directly to them. Although Mobile Crisis and CMS are sister programs, Mobile Crisis takes over CMS client needs if clients call during CMS off-hours.

In addition to reception staff and the Coordinator, CMS employs 4.5 full-time equivalent crisis management workers (CMWs). CMS differs from Mobile Crisis in that they employ CMWs who have the opportunity to form a working relationship with clients within their caseload. Furthermore, although CMS deals with individuals who are in crisis, it appears that their clients have persistent and pervasive crises and vulnerabilities. The clients that CMS engages with have been described as "hard to serve, and difficult to engage" (Saskatoon Crisis Intervention Service, 2012, Crisis Management Service, para. 1). Many of the issues that contribute to their constant state of crisis include managing and dealing with mental illness, legal difficulties, addictions, fetal alcohol spectrum disorder, and acquired brain injury to name a few (Saskatoon Crisis Intervention Service, 2012). It is also often the case that these vulnerabilities compound upon one another to increase the state of crisis that these clients are experiencing.

A primary component of helping their clients with crises is to create a circle of care. Clients are assessed based on 10 "work areas," which include: family, mental health, medical status, substance use, legal, housing, financial, self-care skills, education/employment, and social/recreational. Within these 10 work areas, clients and crisis workers collaboratively decide which main areas to focus on. Specific to their conclusions, other service providers (e.g., families, friends, physicians, lawyers, landlords, and mental health consultants) are contacted to complete the circle of care. In this circle of care, CMS serves as a constant support for their clients and liaison between other service providers.

CMS strives to improve the lives of their clientele through various stages of goals: short-term, intermediate-term, and long-term. In CMS's view, short term goals are comprised of ensuring that clients' specific and immediate needs are met which can include food, clothes, shelter, and access to professionals and agencies, such as medical professionals, legal aid, and addiction services. Intermediate-term goals are aimed at promoting temporary stabilization within the lives of their clients, which is often completed by teaching necessary life skills as well as tending to addictions, medical, and legal problems. The hope is that clients will be better able to connect to family, community, and specialized supports. All of these elements contribute to the final long-term goal of having the clients live at their optimal level of independence and utilizing community supports appropriately.

In order to achieve the goals that CMS has set out for themselves and their clients, CMS engages in the following: crisis intervention and assertive outreach; helping clients with basic needs such as food, clothing, and shelter; screening, assessing, and consulting to obtain more information about their clients; behavior shaping and management; providing service coordination and case management; advocating for their clients; informing, educating, and training; supporting other front line workers; and building networks of support for their clients (Saskatoon Crisis Intervention Service, 2012). Funding for CMS is essential to be able to engage in these activities. Funders include the Saskatoon Health Region (Mental Health and Addictions Services), Saskatchewan Health – SGI (Acquired Brain Injury Program), Community Corrections, the United Way, Social Services, the City of Saskatoon, and private donations. In order to conduct the program evaluation, a logic model was created to show CMS' goals and directions with clients as well as the path of service delivery that clients take when involved with CMS (see Figure 1). The following therefore explores CMS clients' and service providers' perspectives on CMS programming.

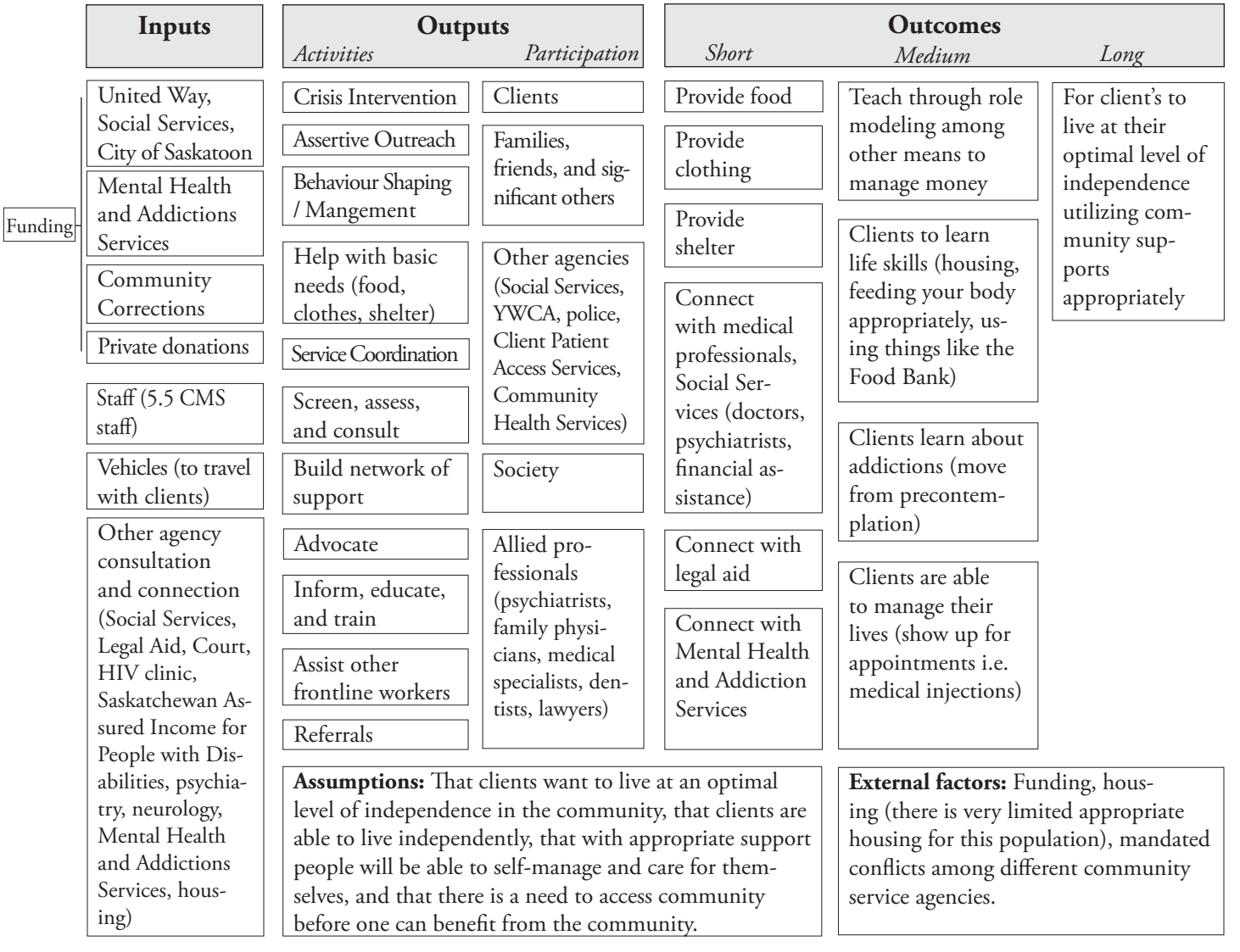

Figure 1. Logic Model of CMS

A process evaluation within a utilization-framework (Patton, 1997) was selected for this program evaluation. This perspective not only helps to ensure that participants' voices are being heard, but it also reinforces CMS' staffs' investment and accountability in the program evaluation. This report begins with a review of the literature, along with an overview of the previous CMS program evaluation. The methods and results are then split up into Phase I and Phase II, which is then followed by a combined discussion and conclusion of the findings. Finally, recommendations for improvements in CMS programming are discussed.

Literature Review

The following literature review explores different models of crisis case management and current research on perceptions of crisis management programming, including representative payeeship programs. These pieces of research will be investigated as they relate to CMS and the programming they offer their clients.

Mueser, Bond, Drake, and Resnic (1998) outlined six different case management models for people with mental illness among other concerns. The models are the broker or expanded broker model, the clinical case management model, the assertive community treatment (ACT) model, the intensive case management (ICM) model, the strength model, and the rehabilitation model. CMS does appears not to follow one of these models in particular, but instead uses combination of the ACT, ICM, and strength model.

A main component of the ACT model is the utilization of a team approach. Members of this team often include, but are not limited to, professionals working with the clients such as, psychiatrists, nurses, and case managers. There are six characteristics of the ACT model that differentiate it from the other models listed above. These characteristics include, a low staff-client ratio, service is provided to clients within the community, sharing of caseloads between workers, 24 hour coverage, the majority of services are provided by the ACT team, and there are no time limits on services.

The intensive case management (ICM) model, which was originally established for high service users, includes components such as: a low staff-client ratio, outreach for the clients in the community, and chances for clients to learn various skills. One difference that distinguishes ACT from ICM is that there is no caseload sharing within the ICM model. However, research has shown that programs that follow the ACT or ICM models tend to have higher client satisfaction compared to other models (Mueser et al., 1998).

The strength model was developed in an effort to focus on client strengths rather than limitations. Within this model, clients' resources within the community as well as clients' goals are utilized to help clients learn and make positive changes.

As stated previously, CMS' program is not identical to any of the above models. For example, CMS provide services to clients in the community, their workers are diligently involved, services received by clients are not limited by time constraints, and they help with clients' primary needs such as in the ACT and ICM models. Furthermore, with the ACT model and CMS' model, client information is shared amongst workers in order for the clients to receive steady and consistent care.

Comparable to the strength model, CMS utilizes a strength-based approach to client care and does so by assessing new clients based on ten 'work areas' as opposed to the vulnerabilities or limitations of the client. CMS' ten 'work areas' include: family, mental health, medical status, substance use, legal, housing, financial, self-care skills, education/employment, and social/recreational. Maton et al. (2004) state that focusing on client's strengths as opposed to clients' vulnerabilities helps promote a healthier lifestyle for clients. Within the strength-based approach the clients' strengths are utilized and become a key component to intervention (Maton et al., 2004; Smith, 2006). After assessing a client's ten 'work areas,' CMWs then formulate goals for and with the client in order to determine the main areas to work on. The ultimate goal of CMS is to help CMS clients live at their optimal level of independence while utilizing community supports appropriately. Similar to the strength-based model, client input at CMS is centralized and respected (C. Briere, personal communication, July 6, 2012).

Crisis Management Programs

Individuals who have vulnerabilities are more prone to experiencing crises than those individuals who are more resilient (Krupa, Stuart, Mathany, Smart, & Chen, 2010). Crisis management programs are best suited to these clients because they provide services on a long-term on-going basis (Krupa et al., 2010; Roberts, 2005). The following section will include a review of benefits and limitations found in programs similar to CMS.

One program that was found in the literature (Tierney & Kane, 2011) to be similar to CMS is the Wellness Enhancement and Recovery Program (WERP). WERP was similar to CMS because it values and utilizes a team approach for individuals with serious mental illness. Results showed that clients were generally satisfied and had a higher perceived quality of life after participating in the program. Clients also felt that having a mentor who had experienced the program was beneficial. Clients suggested that WERP could be improved by including more leisure activities, providing strategies on how to prevent feeling lonely and bored, and how to act in social situations.

As well, a study that analyzed literature on the utilization of mentors for people with mental illness found beneficial results (Simpson & House, 2002). Results show that mentors were able to spend greater amounts of time with clients when compared to case managers. Other results that are, in part, due to the inclusion of mentors are an increase in clients' felt quality of life, social functioning, satisfaction with life, and reduced hospital admissions.

Krupa et al. (2010) investigated the implication of adding a crisis management program to an already existing crisis intervention program. This addition was made because clients were being seen beyond the resolution of their initial crisis situation. Part of the case management service was to help clients obtain housing, employment,

and to be connected to other community services. Through this program change the staff indicated some improvements, which included having the availability to take on more clients and being able to connect clients with more services in their community.

One study in particular reviewed the effectiveness of the ACT model of crisis case management by examining 25 different programs (Bond, Drake, Mueser, & Latimer, 2001). Results indicated that most clients and family members were satisfied. Improvements included reduced hospital admission rates, and increased housing permanence, quality of life, and compliance with medication. Unfortunately, 11% of clients felt that ACT was too intrusive; however, the benefits of ACT seem to outweigh the limitations.

Representative payeeship and trustee programs

Due to the complexities of clients who attend crisis management programs, these programs often provide trusteeship services. This element of programming helps clients to manage their money by helping with budgeting, by making sure some primary needs are met (i.e., rent for housing), and by dispensing an allotted amount of money for personal spending (Angell, Martinez, Mahoney, & Corrigan, 2007; Conrad, et al., 2006; Luchins, Roberts, & Hanrahan, 2003). Often, caseworkers who work for crisis management programs act as their clients' trustee. Similar to the clients that CMS serves, studies have noted characteristics of payeeship clients which include: individuals with substance use/abuse, being homeless, having high hospitalization rates, lack of financial skills, being a danger to oneself or others in his/her own home (Luchins et al., 2003).

Research on representative payeeship programs have found varied outcomes on the implications for clients. For instance, Luchins et al. (2003) found that hospitalization rates decreased whereas compliance for treatment increased when clients participated in a representative payeeship program. Furthermore, clients' primary needs were more easily met, their ability to budget their money increased, and they were less likely to engage in substance use. Conversely, Angell et al. (2007) found that aspects of payeeship programs could be perceived as negative. They found that some clients thought there was financial leverage when their caseworker was also their trustee, and that their access to money was contingent on participation in programming. When clients had this perception, it was found that damage was done to the therapeutic relationship, that is, clients found their caseworkers to be more hostile and intrusive. Unfortunately, these feelings can have implications for future treatment and success in the program. These pieces of research have significance for the programming CMS offers their clients, as they engage in trusteeship with their clients who may experience similar challenges and beneficial outcomes.

Previous CMS Program Evaluation

In 1988, a previous review of CMS, then Crisis Management Program (CMP), was conducted with three goals in mind (Crisis Management Program: Operational Review, 1988). The goals were to establish future planning, to determine significance and influence of the program, and to determine funding for three years after the

program evaluation. This program evaluation utilized statistical data as well as staff and board member interviews. The results showed that CMP was a needed and unique program within the community and also that more funding was needed for existing and additional staff in order to keep up with the demand of the community. Although the present program evaluation does not analyze statistical data or CMS staff perspectives unlike in the previous evaluation, it is important to maintain an appropriate amount of staff in an effort to keep up with the demands of a growing community.

Methodology

Evaluation and Methodological Rationale

A process evaluation involves obtaining clients' views about the program, which includes their perceptions of the program's strengths, weaknesses, and how that program can be improved (Patton, 1997). Within the process evaluation model, a utilization-focused framework was employed (Patton, 1997). This involves obtaining input and participation from individuals who use the program to ensure that the results of this evaluation will be utilized for the betterment of CMS. The reason behind the methodology chosen (the general inductive approach) was to obtain data from clients and service providers in order to create a model of CMS and how it can be improved (Thomas, 2006).

Methods: Phase I

The following are the six research questions that were created and utilize to guide the research analysis: 1) Are the goals of CMS consistent with the services that their clients receive? 2) Are the CMS clients that are being served the population that needs to be served? 3) Is the process of client engagement with CMS contributing to the desired goals of CMS? 4) What are the strengths of CMS? 5) What are the weaknesses and CMS? 6) Are clients generally satisfied with CMS?

Participants

There were a total of 15 participants who were interviewed for this study, however, one participant's data was not used because he was unable to stay focused and he appeared confused. For example, he stated that he did not know what CMS was and when answering a question he would continue to discuss stories from his past that were not applicable. Since no relevant data could be collected, the interview was discontinued. Therefore, data from 14 participants was used in this study and identities were kept anonymous. Throughout interviews, demographic data was collected from the participants (see Table 1). Gathering this type of data helped the researchers to build a rapport

with clients and also helped the researchers to understand to a greater degree the lived lives of the participants.

Table 1. Participant Demographic Information

	Number of Participants (N)	Percentage (%)
Total	14	100
Sex		
Male	6	43
Female	8	57
Age		
25-34	3	21
35-44	5	36
45-54	4	29
55-64	2	14
Years in program		
0-10	5	36
11-20	7	50
20+	1	7
Unsure	1	7

Recruitment and Procedure

An advisory meeting with the CMS staff and the two researchers took place in order to generate questions for this study. This consultation provided CMS staff with the opportunity to contribute to the research direction, with an emphasis on client perceptions of programming offered by CMS. Once ethical approval was obtained from the University of Saskatchewan's Behavioural Research Ethics Board, participants were recruited in three steps. First, the CMS staff distributed a letter of potential involvement to all CMS active and assessment clients (see Appendix A). The purpose of the letter of potential involvement was to inform clients that they may be contacted to participate in this study. The letter also included the nature and purpose of the study as well as the researchers contact information. If the CMS clients were unable to read the document, the CMS staff indicated that they would verbally communicate its nature to them. Second, the CMS staff gave the researchers a list of all active and assessment clients that they had sent a letter of potential involvement to. The list of potential participants included the following information: name, date of birth, client categorization (active or assessment), primary contact information, and CMW name. Convenience sampling was the primary method used to select participants. For example, some participants were chosen based on their voiced interest in participating in the research study. The remaining participants were selected based on age, gender, client categorization, and CMW in order to create a diverse and generalized sample. Third, two weeks after the letter of potential involvement was distributed, the researchers contacted potential partici-

pants to determine their interest in participating. This two-week period provided ample opportunity for the CMS clients to read the letter, ask the researchers questions, and to accept or decline participation. Upon consenting to an interview the researchers and participants scheduled a time to conduct the interview that was convenient for both.

All 15 interviews were conducted at the Canadian Mental Health Association, as this was a neutral and confidential location. Both researchers were present during the interviews to ensure researcher safety and to ensure accurate recording of the interview. The first step upon participant arrival was to obtain consent. In order to ensure all participants understood the consent process, the researchers read the consent form to them (see Appendix B). Each participant was interviewed once. If participants agreed, the interviews were recorded with a digital recorder. If participants did not wish to be audiotaped, both researchers took notes of the interview. After consent was obtained, participants were given five to ten minutes to review the interview questions (see Appendix C). Once the interview was completed, participants were given a debriefing form to thank them for their participation and to give them the option of reviewing their transcript prior to data analysis (see Appendix D). Participants were then given the $15.00 honorarium. If participants indicated that they wished to review their transcript, a subsequent meeting was set up. Once the transcripts were reviewed, they were given a transcript release form which was signed (see Appendix E).

Methods: Phase II

The following research questions guided phase II of the CMS program evaluation: 1) What are the service providers' perceptions of the quality of service offered by CMS? 2) Are there any gaps in the services that CMS clients' are receiving? 3) Do service providers perceive that CMS is fulfilling the needs of their clients? 4) What are the strengths of CMS? 5) What are the weaknesses of CMS? 6) Are service providers generally satisfied with CMS? and, 7) How can services improve and how can CMS build on successes?

Participants

A total of seven service providers participated in Phase II of this research. Service providers are individuals from other organizations who have contact with CMS and CMS clients. These types of services from other organizations are utilized by CMS in order to help meet their clients' needs. Therefore, the service providers that are in contact with CMS clients are unique to the individual client based on their needs. The potential participants that were contacted were those who were most highly affected by and influential to CMS as identified by the researchers in collaboration with CMS staff. In order to obtain a broad understanding of service provider perspectives, both males and females from a variety of services were included in this research, for instance, psychiatrists, vocational counsellors, and directors from various community programs. Service providers shared the frequency in which they were in contact with CMS and CMS clients. This frequency ranged from a few times a month to a few times a year depending on the service they provide. For instance, a career counsellor might see a CMS client far less than a psychiatrist would.

Recruitment and Procedure

The researchers created a semi-structured interview guide based on the perceptions of the CMS clients from Phase I of this study. The interview guide was shared with, and revised by, the Coordinator/Assistant Executive Director of CMS and the principle investigator of this research. The final interview guide included questions about service provider's experience with CMS, their perceptions of the strengths and weaknesses about the program, as well as their ideas for possible improvement for the program (see Appendix F).

CMS workers provided the researchers with a list of all service providers that they interacted with, which included their level of contact with the service providers. Based on this list, the researchers chose potential participants to interview. The list of potential service providers was created to reflect those who had a high level of contact with CMS. Additionally, the list aimed to include service providers from all ten 'work areas' from which CMS assesses and works with their clients. The researchers attempted to sample service providers from all ten 'work areas'; however, due to a lack of interest shown by the potential participants as well as restrictions in time and funding, not all ten 'work areas' were not represented in Phase II.

The researchers emailed potential service providers and asked recipients to indicate their interest in participating (see Appendix G). If the service providers were interested in participating, an interview time was scheduled and they were sent the interview guide to review prior to their interview. Interviews were conducted until the occurrence of theoretical saturation or the point at which no new data appears.

A total of seven service providers were interviewed. All interviews were conducted at the service provider's work place, as this was the most convenient for them. Both researchers were present during the interviews to ensure accurate recording of the data. The first step of the interview process was for the participants to review the consent form (see Appendix H). After the consent form was read, the participants were given the opportunity to ask any questions they had about the study. Each participant was interviewed once. If participants agreed, the interviews were recorded with a digital recorder. After consent was obtained, participants were given five to ten minutes to review the interview questions (see Appendix G). Once the interview was completed, participants were given a debriefing form to thank them for their participation, to explain the nature of their participation, and to provide an opportunity for them to ask questions (see Appendix I). Further, on the debriefing form participants were given the option of reviewing their transcript at a late date, prior to data analysis. If participants indicated that they wished to review their transcript they were sent an electronic version of their transcript as well as a transcript release form (see Appendix J). After signing and returning the transcript release form to the researchers, data analysis commenced.

Data Analysis

The general inductive approach to analyzing qualitative data (e.g. interviews) allows researchers to find emergent themes without being tied to one methodology in particular (Thomas, 2006). Further, with the

general inductive approach the goal is not to develop a theory, but rather, to describe themes that are important in the data and to develop a representative model of the results found (Thomas, 2006). There are five steps within the general inductive approach to analyzing data. These are:

1. Preparation of raw data files –formatting the transcripts to look the same for ease of analysis.
2. Close reading of text –reading the transcripts in order to become familiar with the data so that categories can emerge.
3. Creation of categories –creating the categories that were apparent in the transcripts.
4. Overlapping coded and uncoded text –it is assumed that some segments of the transcripts could be used multiple times to support a category while other segments will not be used at all if they are not applicable to the research questions.
5. Continuing revision and refinement of category system –the researchers look for raw data that demonstrates alternative opinions and choose quotes which best describe the various categories (Thomas, 2006, p. 241-242).

Results & Interpretation

The transcripts were analyzed using the general inductive approach described above (Thomas, 2006). This approach involves finding significant themes from the data in order to answer the research questions. Based on this analysis, eight dimensions were developed for Phase I, and four dimensions were developed for Phase II.

Phase I

All eight dimensions found through analysis emerged from raw data themes, which came directly from client interviews. Raw data themes were grouped together to form first-order categories, which, when applicable, were subsumed under second-order categories. In other words, first-order and second-order categories are broader themes that were created from the raw data themes in order to better explain the results described by the participants. In this report, the focus is on second-order categories and related dimensions; however, with some dimensions no second-order categories were necessary. When this was the case, the analysis focused on first-order categories. The dimensions that had the most support from the data will be discussed first.

Clients' Experience with CMS and the CMS Staff

This dimension was created to give the reader an understanding of the clients' experience with CMS as well as the CMS staff. It can be broken down into two second-order categories: Experience with Staff; and Experience with CMS (see Figure 2). Overall, there were varying experiences shared by the participants.

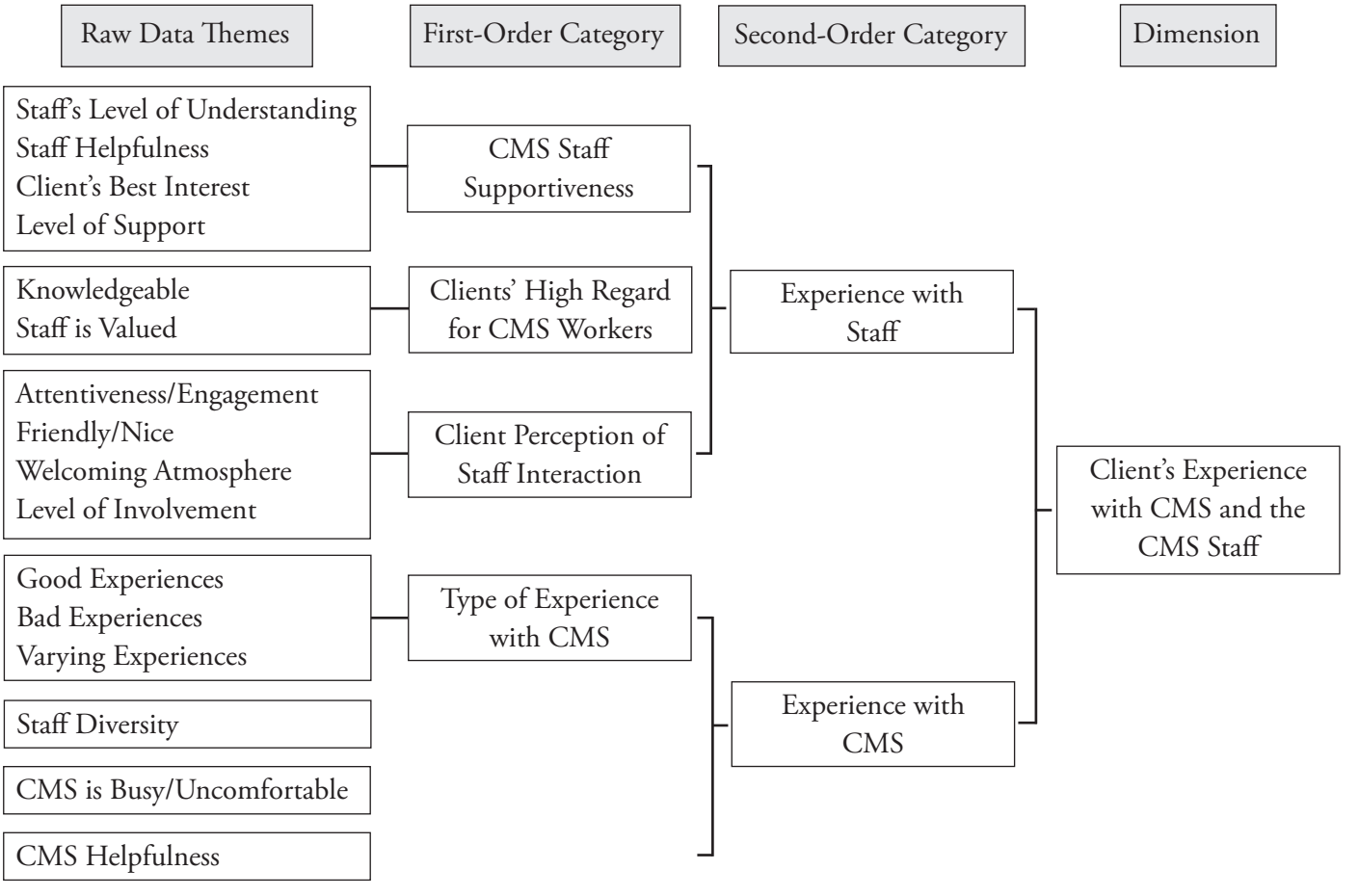

Figure 2. Client' Experience with CMS and the CMS Staff Dimension

In the second-order category under this dimension, Experience with Staff, some of the participants had positive things to say about the staff being helpful, knowledgeable, friendly/nice, and their ability to create a welcoming atmosphere. Participants also stated that they valued the staff and were aware that the staff aimed to keep their best interests in mind. For instance, one participant stated, "I'm just having a hard time communicating with my own family and Crisis is more like a family [to] talk to and feel more comfortable [with]." Another participant stated:

> [Some of the positive things in my life I attribute to CMS because my CMW] hasn't been trying to stop me from living so that's been more than I would have expected. She's good, but she's also fairly nice, positive, [and] open to an idea. So that's good.

On the other hand, participants' perceptions varied pertaining to the level of understanding, level of support, attentiveness/engagement, and level of involvement of CMS staff. For instance, one participant stated:

> [CMS has improved my quality of living because] she [my CMW] understands what I go through, she's very understanding," while another participant stated, "They could be more sensitive and understanding with me… [They could] give me a second chance to prove I'm a different person. I was a witch before.

The next second-order category includes the participants' experiences with CMS as an organization. Some participants had positive experiences, while others had negative or varied experiences. For example a participant with positive experiences stated, "I feel very lucky and fortunate to be a part of this program." One participant who had a negative experience with CMS stated, "You know the one thing there I really didn't notice in a while, First Nation people there or Métis…the staff." Some participants had varied and complex experiences with CMS as a program, for example, one participant stated:

> There was times when I was very mentally sick… When they come barging in and drag me to the hospital. It goes both ways, I am relieved that I am getting help but I don't want to be locked up and drugged up. I don't like it when I'm hauled away, even though I need it.

Interactions Between CMS Workers and Their Clients

This dimension was created to give the reader an understanding of the different ways that the CMS staff members interact with their clients. It was broken down into two first-order categories: Social Activities with CMS Workers; and Client-Staff Communication (see Figure 3). Overall, interactions were perceived as positive by clients; however, under the Client-Staff Communication first-order category there was varying experiences for the raw data theme Problems.

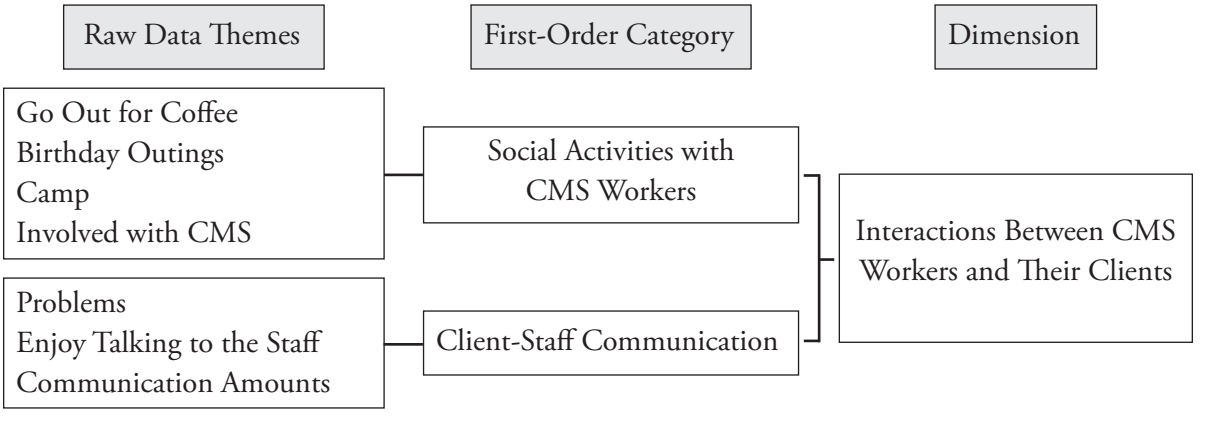

Figure 3. Interactions Between CMS Workers and their Client's Dimension

The initial first-order category, Social Activities with CMS Workers, was positively perceived by all participants. For example, participants enjoyed going out for coffee with their workers, going out for birthday dinner or lunch with their worker, and going to a camp where their worker was present. Furthermore, participants acknowledged that CMS provides them with many opportunities to engage socially. For instance, when one participant was asked what the most enjoying part of CMS was for her she stated, "Birthday lunch… they [CMW] take us out for a birthday lunch and it's free to us."

The subsequent first-order category, Client-Staff Communication, includes client perceptions when they talk to staff about their problems, their enjoyment when talking to staff, and the different amounts of communication experienced by each client. The levels of communication between clients and staff varied considerably (e.g., a few times a week to once every few months). Although clients enjoyed talking to the staff in general, clients also had varied perceptions about talking to the staff specifically about their problems. For instance, one participant stated, "[My CMW] is a really good person to talk to if I'm having any problems," while another participant stated, "[I] talk to one of them about my problems, it's like talking to a psychiatrist but sometimes, just like leave me alone."

Financial Interactions to Increase Client Independence

This dimension was formed in order to show the various ways that CMS interacts with their clients financially. The dimension is broken down into three first-order categories: Money Based Interactions Between Clients and CMS; Helping Clients Deal with Finances; and Clients' Ability to be Financially Independent (see Figure 4). Overall some clients felt that their experiences with CMS financially were negative, but most clients felt that these were positive experiences.

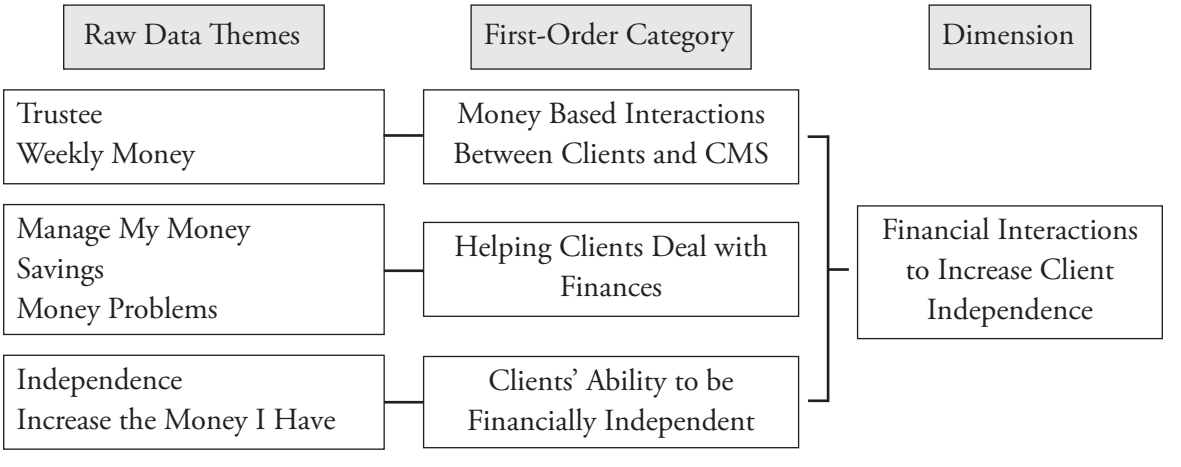

Figure 4. Financial Interactions to Increase Client Independence Dimension

The initial first-order category, Money Based Interactions Between Clients and CMS, indicates that participants appreciated being on trusteeship; however, they had mixed emotions about picking up their money weekly. For instance, one participant stated, "[I least enjoy] having to pick up my money once a week… it's not like they're not giving me enough money it's just I hate going there after work." On the other hand, another participant stated:

> When I get paid on a regular basis that what's changed. It was every two weeks, it was split into two, they split it into four, because I was asking for advances so that said well we'll just split it into four. I like that… It's not as nerve racking, it helps more.

The next first-order category, Helping Clients Deal with Finances, generally illustrates that clients had positive perceptions about their ability to manage their money and ability to have savings because of CMS. Furthermore, participants felt that CMS helped them with their money problems or were hoping that they would help them in the future. For instance, one client stated:

> Well the only thing that it has done for me is that I have a chance to save money in my savings. Usually if I'm on my own I never have anything, like I have no way to save then… When I go to my savings I can take 20 dollars out I can take 10 dollars out you know… they help me with my savings and budgeting.

While another client stated, "Well, there was a few problems that I had. I had money problems, I had living situation problems… I hope they're going to do something about it."

The final first-order category was Clients' Ability to be Financially Independent. While some clients indicated that the trustee program helped them to be more independent and obtain more money than they had previously, other participants felt that they needed more money to live comfortably. For example, one participant stated:

> I get money for other things besides just welfare money, I was getting money besides that, which has never happened with me before, so that's one of the things. I need money to live, can't live without money for me... but that's changed a lot. I used to be broke all the time.

However, another participant stated, "the minimal amount of money is one major factor [that I least enjoy]."

Help and Support for Client Needs

This dimension was formed in order to show the various ways that CMS helps clients with their primary needs (e.g., food, clothing, shelter) and secondary needs (e.g., personal identification, obtaining eye glasses, transportation). This dimension is broken down into two second-order categories: Help and Support with Primary Client Needs; and Help and Support with Secondary Client Needs (see Figure 5). Overall, most clients were satisfied with support for their primary and secondary needs; however, when they were dissatisfied with their current living arrangement they felt that more support from CMS was needed.

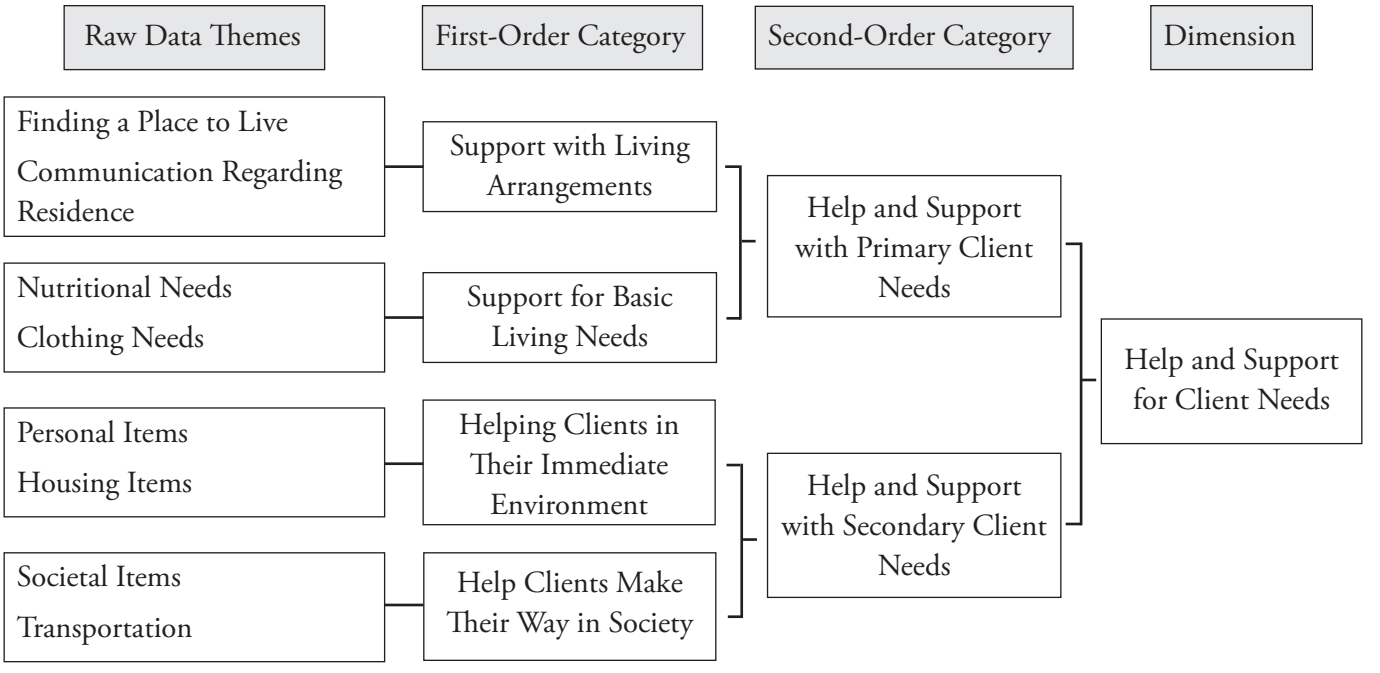

Figure 5. Help and Support for Client Needs Dimension

The second-order category, Help and Support with Primary Client Needs, shows that participants had both positive and negative experiences with CMS' ability to support them with their primary needs. Positive elements included support with finding a place to live and helping with nutritional and clothing needs. For instance, "I live in a home care… [but] supposing I was looking for a place [to live] they [CMS] would help me… [they] help me do a lot of stuff," and "they've became very helpful, I do my laundry with them… it's been very pleasurable being with Crisis Management." However, other participants felt like they needed more support from CMS in the area of communication regarding their residence. For example, "Get a new place… My caregivers kind of unruly… That's what I wish [would be different]." It is important to note, only when participants were unhappy with their current living arrangements or were having issues with their care home provider did participants feel that communication with their CMW was lacking and that they would like more support.

The next second-order category, Help and Support with Secondary Client Needs shows that participants are satisfied with the support they are receiving from CMS and the CMWs. Clients had positive things to say about support for personal needs, housing items, societal items, and transportation. For example, one participant stated:

> [My CMW] helped me to get some glasses through welfare. I wasn't sure about who to talk to about the benefits for getting prescription glasses but she helped me to do that two years ago when I was in the hospital, so it was good.

Further, another participant stated, "…the way they handle my bus passes. Like you know…I get a bus pass but that's pretty good [to] help me and handle all the bus passes. [They] get it done, so that's pretty good about them."

Helping Clients Learn New Skills and Client Independence

This dimension was formed in order to show participants learning new skills and experiencing changes in their independence due to their association with CMS. This dimension can be broken down into two second-order categories: Learning New Skills; and Client Independence (see Figure 6). Overall, most clients felt that CMS helped them learn new skills and be independent; however, some clients had varied thoughts about learning how to be friendly and how CMS has influenced their independence.

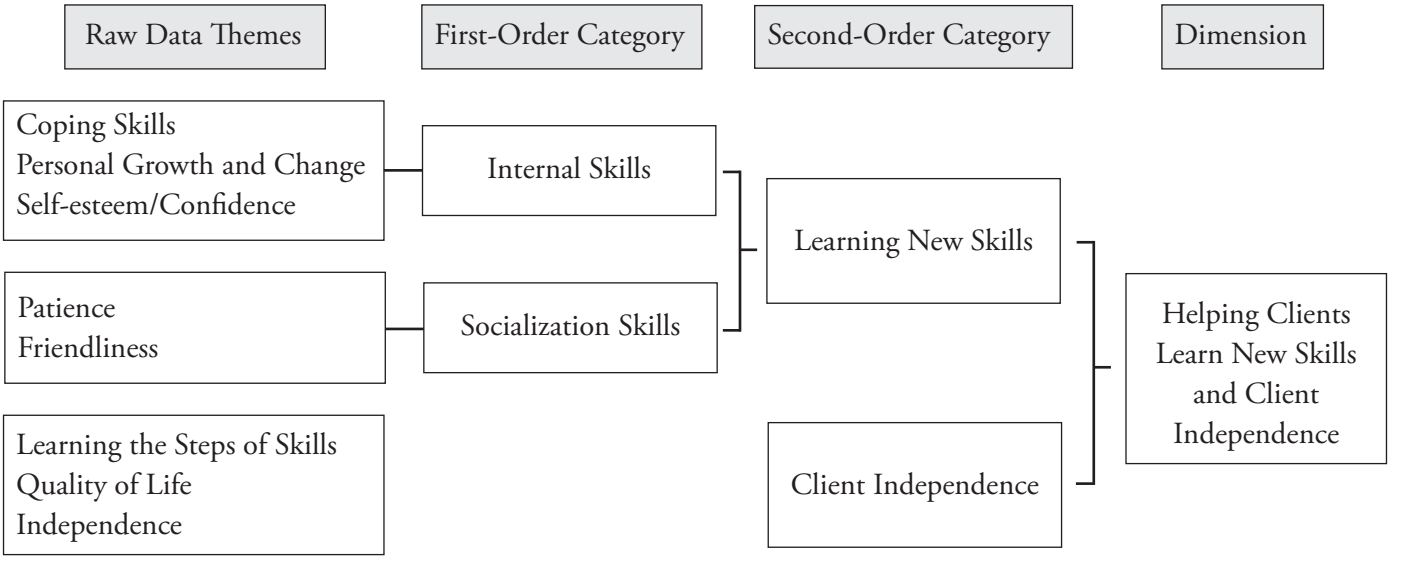

Figure 6. Helping Clients Learn New Skills and Client Independence Dimension

The initial second-order category, Learning New Skills, shows that participants have learned skills from their interactions with CMS such as coping skills, personal growth and change, increasing their self-esteem and confidence, as well as patience. For instance, one participant stated, "Well its [CMS] changed my life, I was an out of control teenager and even young adult but now I've gotten help… I dealt with Crisis and now I don't know what I would have done without Crisis." The majority of participants felt that their affiliation with CMS increased their ability to be friendly, "I learnt how to be kind it's a must for me. If someone gets mad at me I always kind of …back it up, I try not to get too upset, it makes sense hey?" On the other hand, other participants felt that they needed more support in this area, "I don't know if this is right or not but to have more better friendships."

The next second-order category, Client Independence, demonstrates that CMS helped clients learn new skills to increase client independence. For example one participant stated, "[My CMW] used to teach me things, make me do things on my own so I would learn to do them by myself." Further, according to some participants CMS has helped to increase their quality of life, such as, "I'm still surprised I'm living the way I'm living now compared to what I used to live like… I've gained some pets… I live in a nice apartment now and I'm doing well." Other partici-

pants have had varied thoughts on how CMS promotes independence. For example, one participant stated:

> Well it [CMS] really helps me be independent but it kind of takes some of my independence away where I'm paying my bills and that, but kind of leaves me some friends to talk to and they're good people, really good people.

CMS Support for Clients' Health

This dimension was formed in order to illustrate that CMS does many things to support their clients' psychological and physical health. The dimension can be broken down into three first-order categories: Medical/Psychological Crisis; Health Appointments; and Addictions; as well as one raw data theme, Medication, which is not connected to a first-order category (see Figure 7). Overall, participants seemed to feel that CMS workers were helpful in terms of promoting their physical and mental health; although sometimes they had differing views about what was needed to best encourage healthy living.

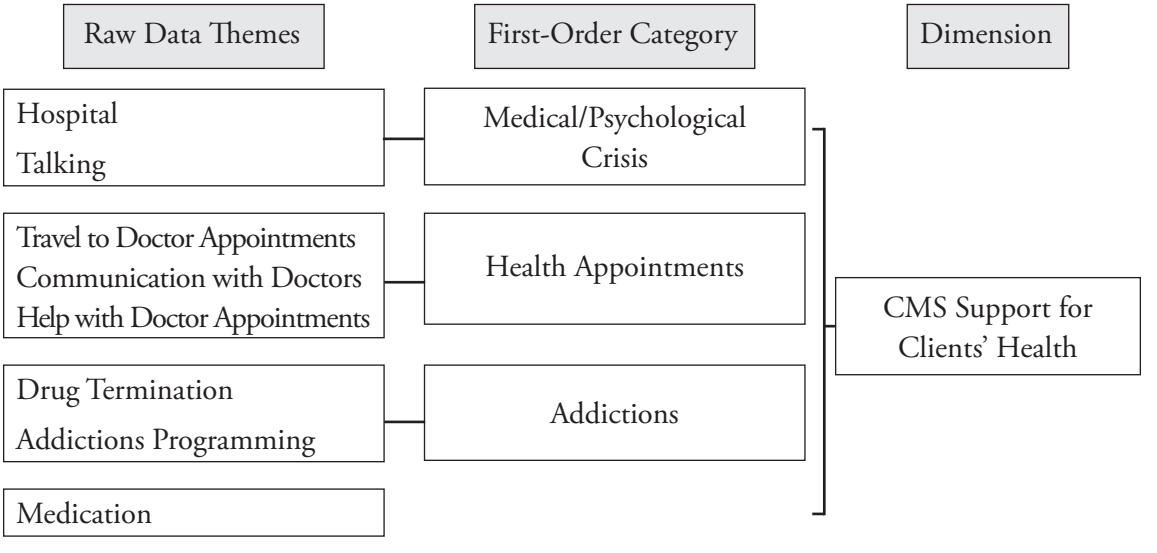

Figure 7. CMS Support for Clients' Health Dimension

The second-order category, Medical/Psychological Crisis, shows that participants had varied views about CMS' ability to help them with medical and psychological crises. For instance, one participant talked about how he or she did not like it when their CMS staff would "drag" them to the hospital but acknowledged that, at times, it was necessary. This was shown when the client stated, "I don't like it when I'm hauled away, even though I need it." Another participant mentioned, "When I was sick…I would talk to them on the phone and see them in person but they wouldn't take me to the hospital. They would brush me off."

The next second-order category, Health Appointments, demonstrates that participants have had positive experiences with CMS helping them to schedule doctor appointments, travel to their doctor appointments, and communicate with their doctors. For example, one participant stated, "They [CMS]…doctor's appointment they make sure I made it to the…or actually they handle a lot of my doctor appointments, yah. So they drive me there… and that's what…help me do a lot of stuff." Additionally, one participant stated, "Well I was out living on skid row and they found that I was schizophrenic and I needed drugs to keep my mind going and things like that so Crisis Management helped me out with getting the doctor and the drugs going."

The third second-order category, Addictions, shows that participants were appreciative of the help that CMS gives them regarding their addictions. For instance, one participant stated:

> It's kind of nice to have people around me now. I used to have trouble with that being around people, I was very upset, I was suicidal for a long time, and I used to be on street drugs. I quit street drugs, I quit, like I was on LSD, speed, marijuana, heroin, I quit.

Furthermore, one participant stated, "They have made me independent… well now I can, I'm taking a program for alcohol and drugs doing addiction program where I can be independent for work and things like that." Last, the raw data theme, Medication, does not fall under a second-order category, because it can be directly related to the overarching dimension. However, it shows that CMS helps their clients in supporting them with their medication. For instance, one participant stated, "[CMS] keeps tabs on me to make sure I'm taking my meds."

Connection to External Resources and Help with Personal Relationships

This dimension was formed in order to demonstrate that CMS helps their clients with external resources and personal relationships. This dimension can be broken down into one first-order category, Connecting to External Resources/Relationships, and one raw data theme, Personal Relationships (see Figure 8). Overall, clients indicated that CMS helped them with community relationships, personal relationships, and connection to work, however, one client indicated that he needed more support with his work endeavors.

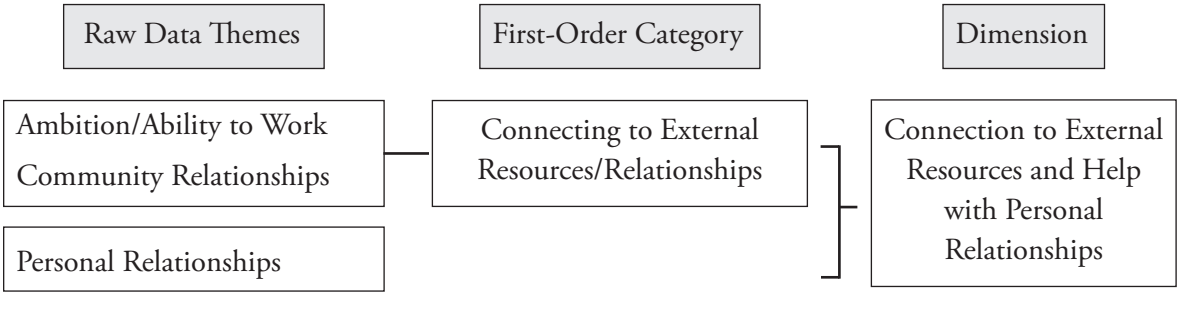

Figure 8. Connection to External Resources and Help with Personal Relationships Dimension

The first-order category, Connecting to External Resources/Relationships, illustrates that clients had various experiences with CMS in terms of their ability to work. For instance, whereas one participant had positive accounts, "There's nothing they have not done for me, I have done everything they've done for me. I'm hoping to get back to work and Crisis Management helped me forward myself to go to work," another participant wanted more support:

> Support if I was to be in question whether I should be on welfare, maybe I could potentially talk, get [name of CMW] here or go there to talk to an actual social worker to provide some reason for why I'm not able to work… [I have] a diagnosis that's very limiting in life, it's kept me from getting a lot of good jobs.

In addition, participants commented positively on CMS' ability to connect them with external relationships, for example, one participant stated, "[CMS] got me experienced in a lot of things, Abilities, where I've learned how to work so that's really been my most good experience."

The raw data theme, Personal Relationships, is not connected to a first-order category because it can be directly related to the overarching dimension. This raw data theme shows that clients value CMS' ability to help them with their personal relationships. One participant stated:

> Me and my adopted mom didn't get along very well …She's [CMW] helped me with my adopted mom. My adopted mom won't talk to me but she'll talk to [name of CMW]. Me and my mother write letters, so if it weren't for [name of CMW] I probably wouldn't even have any communication with my adopted mom at all.

Client Perceived Support and Needed Community Support

This dimension was formed in order to demonstrate that even though participants appreciate being helped by multiple CMWs, they would like them to work longer hours and would like more support within the community of Saskatoon. The dimension can be broken down into one first-order category, Client Perceived Logistical Support from CMS Staff, and one raw data theme, Needed Community Support (see Figure 9).

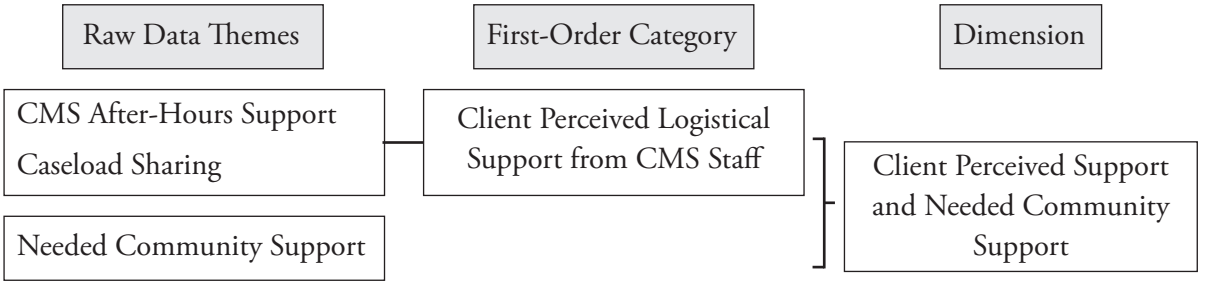

Figure 9. Client Perceived Support and Needed Community Support Dimension

The first-order category, Client Perceived Logistical Support from CMS Staff, shows that participants would like their CMWs to worker longer hours: "Well they work 10 hour shifts a day from 9 until 7 at night and then Mobile Crisis takes over, but I wish that Crisis Management workers would work longer hours." However, clients appreciate how other workers help them even when their workers are not available: "They're all nice and they always say hi and they got a big smile and hi and if he's [my CMW] not there he [another CMW] helps me too and stuff like that."

The raw data theme, Needed Community Support, is not connected to a first-order category because it is directly related to the dimension. This raw data theme shows that clients would like to see more help and support from CMS for other members of the community. For instance, one participant stated, "There should be more help there… I see other those people in that stay in a care home, they're in a street, you know bumming around and there's lots of them that smoke pot and you know they're you know fucked up and there I see them on the street and where's the help for that?"

Phase II

There were four dimensions that emerged from raw data themes, which were directly from service providers' interviews. Raw data themes were grouped together to form first-order categories. In the discussion of these results, the focus is on first-order categories and related dimensions.

Characteristics of CMS Staff and CMS as an Organization

This dimension was created to give the reader an understanding of service providers' perceptions of the workers at CMS as well as CMS as an organization. The dimension can be broken down into two first-order categories: Perceived Characteristics of CMS Staff; and Perceived Characteristics of CMS as an Organization (see Figure 10). Overall, service providers had positive reports about the CMS staff and mixed thoughts about CMS as an organization.

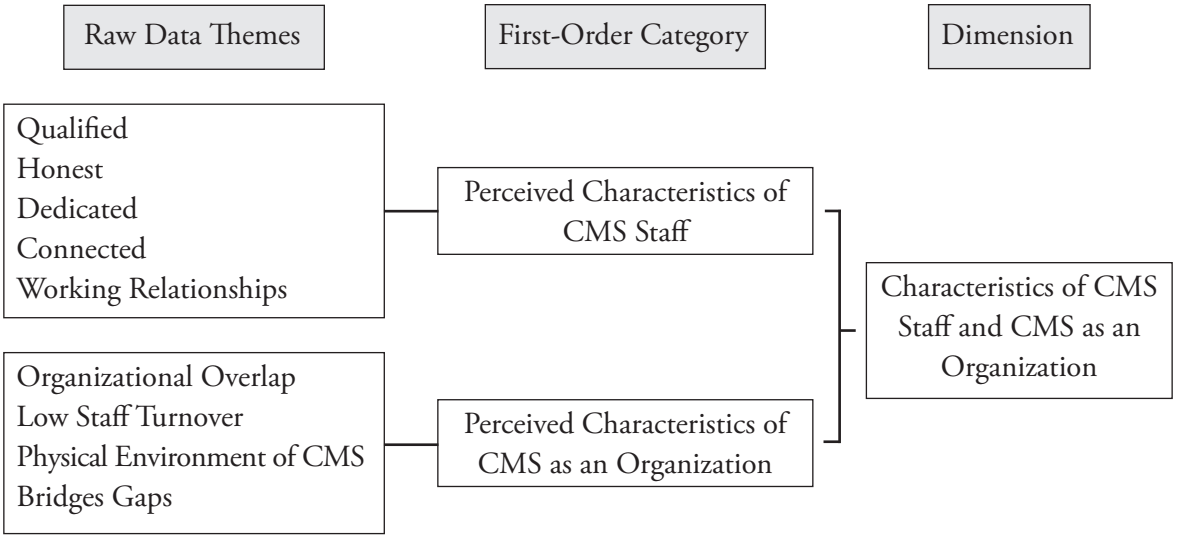

Figure 10. Characteristics of CMS Staff and CMS as an Organization Dimension

The initial first-order category under this dimension is Perceived Characteristics of CMS Staff. Most of the participants had positive things to say about the workers at CMS. For example, service providers described CMS workers as qualified, welcoming, honest, dedicated, connected to the community and the clients, and able to form effective working relationships. For instance, when asked about the strengths of CMS, one service provider stated:

> Well I would certainly say expertise in terms of understanding mental health, mental illnesses, medication management, the Mental Health Act, and not to mention the benefit that they have of understanding a whole bunch of other pieces of legislation that sometimes interweave with the Mental Health Services Act.

Another service provider mentioned:

> I like it to be very straightforward and honest, and the ones [CMS workers] that I've worked with [in] the many years I've been here [are]. They lay it on the line, but it's in a nice way, a courteous way, and it's not disrespectful.

The next first-order category, Perceived Characteristics of CMS as an Organization, includes the service providers' perceptions of CMS. In terms of organizational overlap and the physical environment, service providers had some reservations but acknowledged CMS' reasoning behind aspects of the physical environment (such as safety). When asked about the physical location of CMS, one service provider stated:

> I find [that] sometimes it's not as approachable, but that's just because of the space and what they've got. But again, you have to remember that lots of times they're working with pretty multi-complex clients. So there's a safety issue too, and you always have to consider all this stuff.

On the other hand, in terms of low staff turnover and CMS bridging gaps in the provision of services to clients, service providers had positive things to say such as:

> They're a service that amazes me because they've been able to keep staff over the many years. They've got an older staff, and why is that? Because it certainly isn't for the money. So you have to love what you do to stay in that type of a field.

Communication of CMS Staff

This dimension was formed to illustrate the communication levels that service providers feel with the CMS staff, as well as their perception of the communication between CMS staff and their clients. This dimension merged from two first-order categories: Communication Between Service Provider; and CMS Staff and Communication Between CMS Staff and Clients (see Figure 11). Overall, there appears to be good communication.

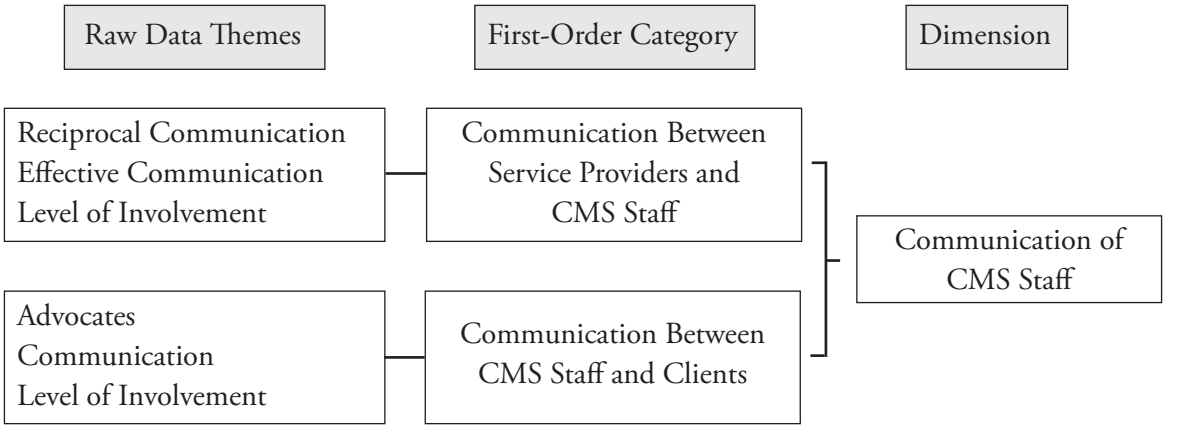

Figure 11. Communication of CMS Staff Dimension

The first-order category under this dimension is Communication Between Service Provider and CMS Staff. Most service providers felt that the CMS staff members were effective in communicating to them and that they had an adequate level of communication. For instance, one service provider stated, "I think the communication is very clear, very organized, they know their people well, and they don't call us, my assumption is, unless they're in desperate straits."

The raw-data theme, Reciprocal Communication, showed mixed perceptions. For example, one service provider stated:

> I think [that CMS is] under-involved, in terms of the communication piece back to us, as well as, I think we need to take accountability for that as well. I think there could be better communication, in that we could work closer together.

However, another mentioned:

> The communication with us, it's been really good…both ways. They will be, you know, if they're referring a client, they will give us as much information as possible for us to be able to work with that client to the best of our ability.

The second first-order category is Communication Between CMS Staff and Clients. Service providers indicated that CMS workers were advocates for their clients and were involved in their clients' lives at an appropriate level. For example, one service provider stated:

> They also watch and don't get over-involved. I mean, they look to try and create some independence, so if the client [has] needs, they go to meet them…but if the client becomes capable…they expect, if you can do it, we expect you to do it.

In terms of effective communication, and the ability of CMS workers to specify their role to their clients, service providers had mixed perceptions. For example, whereas one service provider stated, "Some of the clients don't see a difference between CMS and us, and we could do a better job of kind of specifying what our roles are, to really avoid duplication," another provider stated, "They know my role, and they know the role of their crisis worker."

Effective Case Management

The Effective Case Management dimension was formed to demonstrate the different elements of effective crisis management programs such as appropriate clinical judgment and ability to provide support, while promoting independence. This dimension is formed from three first-order categories: Clinical judgment; Support; and Balance Between Support and Independence (see Figure 12).

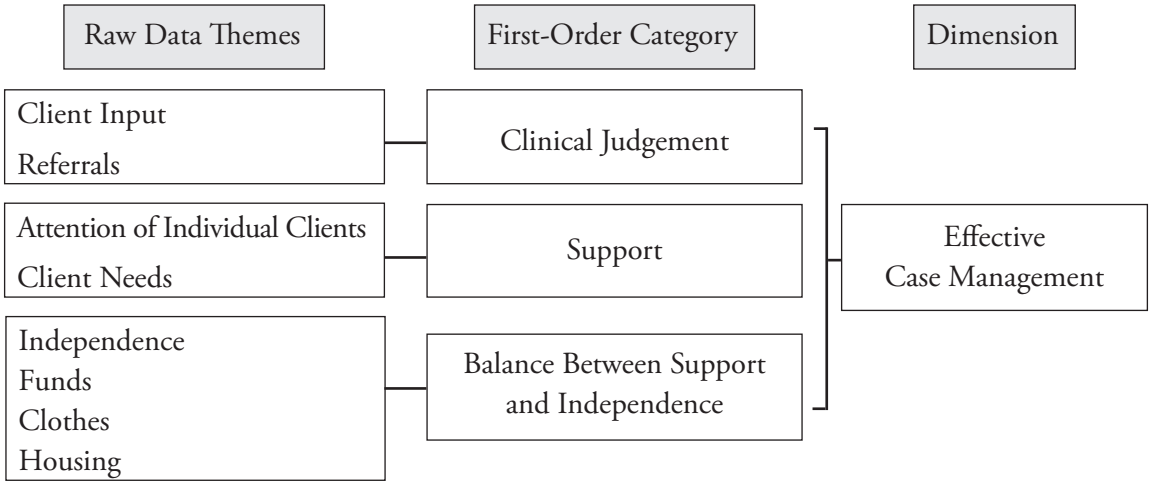

Figure 12. Effective Case Management Dimension

The initial first-order category subsumed under this dimension is Clinical Judgment. Some service provider felt that CMS workers take their clients' wishes into account in terms of services they receive and that CMS workers are effective in making referrals to other agencies when necessary. For instance, one service provider stated, "In terms of case management, the case management that CMS provides is kind of at the clients' discretion." Another service provider mentioned:

> Well my perception is they are in constant contact with the social workers and social services and to addiction services and psychiatrists. [My] sense is that they're doing good brokerage, trying to utilize each of the services that they know is there to help, whether it be a probation officer for a person who's on probation who's been in jail, or a person on social assistance, a multitude of things. My sense is they do connect with the appropriate people.

The second first-order category is Support. Most service provider felt that CMS workers were able to give their clients adequate attention and meet their needs. For example, one service provider stated:

> I think they use resources for the benefit of the client. So if a client needs something, then, yeah, they're looking for the resources to help the individual. I think it's really individually focused, because that's how any service has to be.

Additionally, another service provider mentioned:

> Any of the clients that I've worked with, [CMS has] always been there, like I said, when need be. I think they always have coverage when one of them is off, there's always somebody that covers for them. I think when a client gets into crisis, there are people there that can deal with it.

The third first-order category is Balance Between Support and Independence. Most service provider felt that although CMS workers are meeting the needs of their clients. For example through providing and administering funding, providing clothes, and housing, CMS staff members are also effective at promoting independence. Additionally, when asked about meeting the financial needs of their clients, one participant stated:

> They do a really good job of that, because I know they also do trustee with their clients as well if there's a need for that, and absolutely if they need to get them connected with social assistance or get them funding, they will do that. They're quite knowledgeable about how to go about doing that and get them the right financial help.

Moreover, another service provider revealed:

> They do a pretty good job in terms of meeting difficult clients' needs, and there's a difference between what the client needs and what the client wants, and they do a nice job of meeting the needs, not necessarily what the client wants, but they meet the needs…there are demanding clients who want all this stuff, but they set limits, they set plans up.

Recommendations For Future Growth

This dimension was formed to demonstrate factors that service providers felt would strengthen CMS even further, such as changes with support, clients, and elements of the program. This dimension is formed from three first-order categories: Additional Support; Flow of Staff and Clients; and System Changes (see Figure 13).

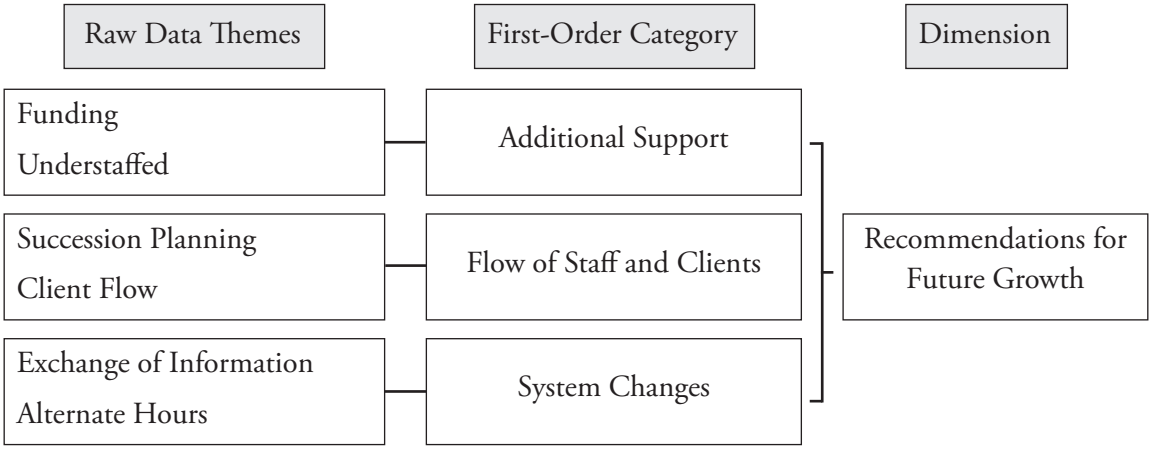

Figure 13. Recommendations for Future Growth Dimension

The initial first-order category is Additional Support. Most service providers stated that CMS not only requires more workers because of their large caseloads, but that they also need more funding. For example, one service provider stated, "Well I think the weaknesses [of CMS] is the funding. I think it's for the services they provide the number of staff they have to really service the people in the way they should be, it's understaffed, underfunded." Furthermore, another service provider mentioned:

> I would certainly want to see them [CMS] expand their staff. Some of the complex clients that we're all getting need to be followed by Crisis Management, and it's difficult to get people into that service. But again, it's difficult because…they don't have a lot of management staff either, and they are dealing with very complex clients. So when you get another complex client coming in… how do you fit them all in when there just isn't enough staff to do it?…I think with the population base we've got in Saskatoon now, and the growth we've had…I don't think anybody's ever put any forethought into the fact that we've grown so much, and there's not enough money put within the services.

The second first-order category is Flow of Staff and Clients. Some service providers mentioned concerns about ensuring that there is a plan for future CMS workers to be hired and for clients to transition out of CMS to other community programs or the community in which they live. For instance, when asked about weaknesses of

CMS, one service provider stated:

> Well succession planning might be one of them, you know. I'm not saying that's a weakness, maybe they're doing it. But I think that it has to be pretty intentional because there are people that have been there for a long time that in the next few years will be moving out and they need to make sure they've got people that they're working with in terms of succession planning.

Moreover, when asked what they would change about CMS, another service provider stated:

> I think that CMS really needs to clarify at what point do they make referrals to other agencies, and move the clients on. One of the things that I hear from CMS is that their caseloads are full, they can't take on any more clients, and I think that there needs to be some flow through CMS, because without any flow, there's no access. And if there's no access, other clients are losing out. So there needs to be a better relationship, better communication in terms of how we can flow those clients through their system so that they're able to take on new clients and then move them towards independence and then move those clients on.

The third first-order category is System Changes. Service providers indicated that CMS and their clients would benefit if CMS could share client information and if CMS could open at different times other than their current hours. For example, when asked what they would change about CMS, one service provider stated:

> I think probably the biggest limitation is just exchange of information and a common database, that's probably the biggest thing. But if you had the electronic health record access that we use, that would probably solve a lot of problems

Further, one service provider stated that:

> CMS is daytime support [and] alternate hours would be a big benefit because a lot of times some of these folks are having crises in the evening, and of course they have Mobile Crisis that could support that, but [for] continuity of care, I think would be better if there was alternate hours of some sort…So being able to ensure that continuity of care is I think probably a pretty high priority, but again the alternate hour piece, which is always challenging because it's always more expensive to run a 24/7 organization then it is a 8-5 kind of organization.

Summary

The general inductive approach (Thomas, 2006) was used to analyze the data generated from fourteen CMS clients and seven service providers. The six research questions directed the analysis and the emergence of the themes and dimensions from the raw data of Phase I. Eight dimensions were found: 1) Clients' Experience with CMS and the CMS Staff, 2) Interactions Between CMS Workers and Their Clients, 3) Financial Interactions to Increase Client Independence, 4) Help and Support for Client Needs, 5) Helping Clients Learn New Skills and Client

Independence, 6) CMS Support for Clients' Health, 7) Connection to External Resources and Help with Personal Relationships, and 8) and Client Perceived Support and Needed Community Support.

Overall, the participants appeared to value their experiences with CMS and CMWs. For instance, clients mentioned benefiting from CMS in the following ways: being part of the trustee program; having their primary and secondary needs met; experiencing more independence; and learning new skills. Many of these benefits are realized by connecting clients to various external resources and by strengthening relationships that participants have with other people in their lives. However, the participants also provided valuable critique of the program which may benefit themselves and future clients. For instance, some participants suggested that their CMWs should be less involved in their life. Other participants stated they would benefit from more support from CMS, specifically regarding their housing arrangements. Furthermore, participants recommended more staff diversity, a less crowded and more comfortable waiting room at CMS, an increase in the amount of funds available to them, and a change in the current restrictions for obtaining trustee money. Last, participants would like their personal CMW to be available in case of a crisis, and would like to see more support for other community members who are not currently accessing CMS services.

The seven research questions from Phase II guided the analysis of the raw data from the service provider interviews. From this analysis, four dimensions emerged, namely: 1) Characteristics of CMS Staff and CMS as an Organization, 2) Communication of CMS Staff, 3) Effective Case Management, and 4) Recommendations for Future Growth. Overall, service providers tended to have positive experiences with CMS staff; they generally felt that CMS staff were warm and welcoming, honest, dedicated to their work, knowledgeable, and well connected to the community. Service providers tended to appreciate how CMS bridges gaps within the community, how CMS has a low turnover of staff, and how CMS advocates for their clients. On the other hand, some service providers noted the limitations of the physical surroundings at CMS, the number of CMS workers available, and aspects surrounding some forms of communication. It is important to note that service providers felt that CMS should get increased funding for more workers and that CMS should also implement a succession planning strategy to ensure that clients are always receiving the best care possible.

Discussion

One of the goals of the general inductive approach (Thomas, 2006) is to form a model representative of the results of the research. Based on this goal, two models were developed that accurately represent CMS. One model represents clients' perspectives and another model represents service providers' perspectives. Both models are divided up into four components: Initial Interactions; Engagement; Outputs; and Outcomes. The model based on clients' accounts of CMS is represented in Figure 14. The Initial Interactions

component of the model highlights the need for clients to be comfortable with their workers before they can begin the work of engagement. As the results show, clients believe that having a warm and welcoming relationship enables them to engage more fully with their workers. The Engagement component signifies the ways in which clients interact with and how they are supported by their CMS worker. These activities help clients to feel connected with their worker and help them to reach their goals. The Outputs component of the model is the result of clients engaging with CMS and the CMS workers through various activities. This component shows that clients learn lasting skills that will help them not only in the present, but in the future as well. Finally, the Outcomes component, which is the long-term results of the program as perceived by the clients, demonstrates that clients feel that CMS and their CMS worker have helped them to have a higher quality of life and to be independent through the support they've received and through the skills they've learned.

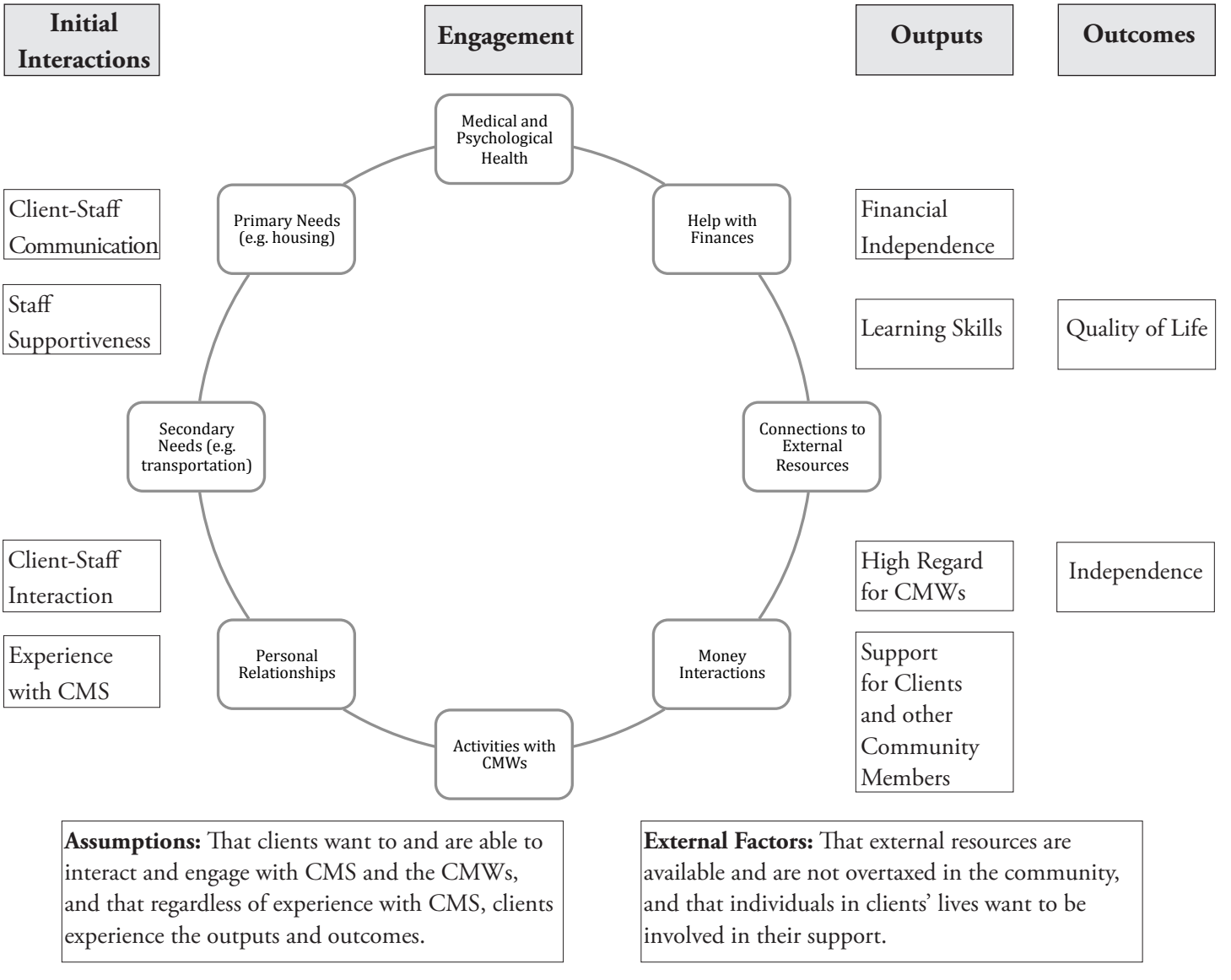

Figure 14. Client Generated Model of CMS

Service providers' perceptions of how CMS operates and their experiences with the program are represented in Figure 15. Similar to the client generated model of CMS (Figure 14), this model has four components: Initial Interactions; Engagement; Outputs; and Outcomes. The Initial Interactions component represents what service providers perceive to be the first influential exchange between themselves and CMS workers. For example, like the CMS clients, service providers also perceived CMS workers as warm and welcoming, which helped to provide a good foundation for positive working relationships. The Engagement component of the model signifies what the service providers identify as CMS workers' activities. These activities form the short-term and long-term results of the program as perceived by the service providers. The Outputs component of the model signifies perceived short-term effect of CMS as a program, which includes meeting clients' needs and being advocates for their clients. The Outcomes component of the model represents the long-term effects of the CMS program. For example, service providers feel that CMS workers are creating independence through support and bridging gaps within the community, but also sometimes providing unintentional duplication of services.

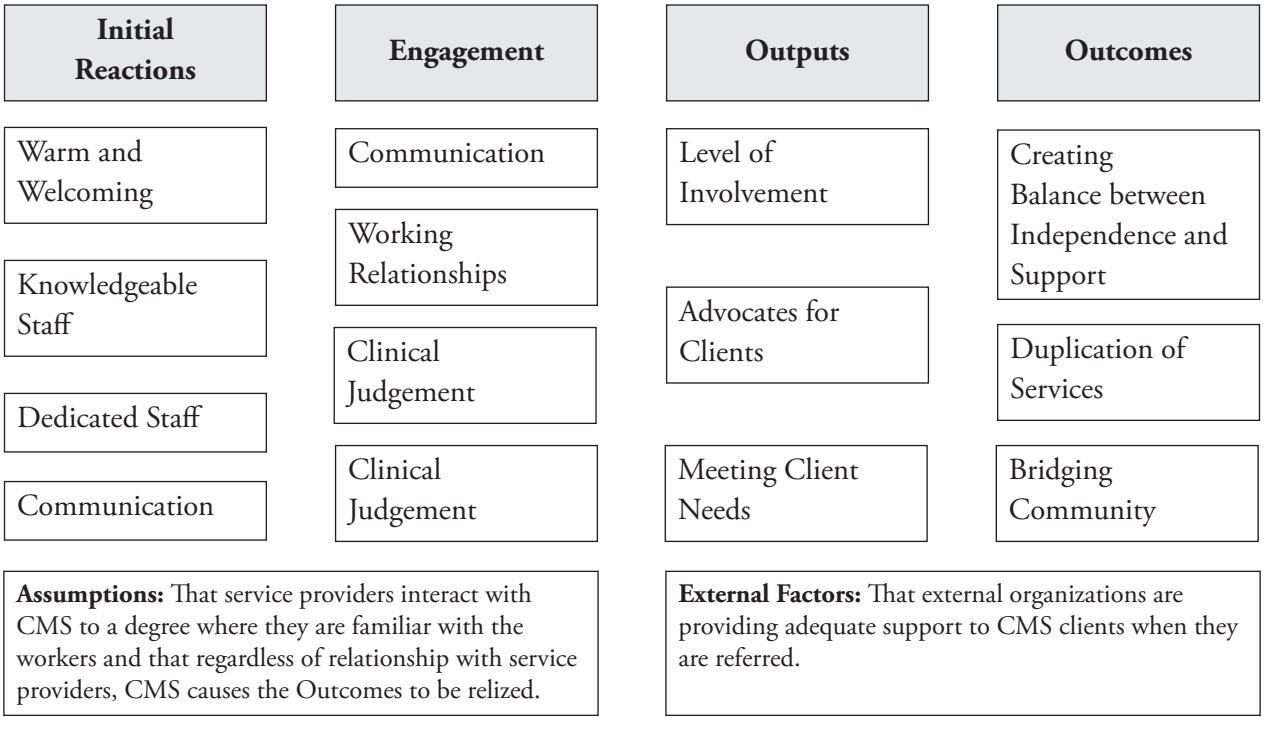

Figure 15. Service Provider Generated Model of CMS

Recommendations for Crisis Management Service

Based on the results of both phases of this study the following recommendations are put forth in order to strengthen the CMS program that has been shown to be integral and unique within the community:

- Increase funding available to CMS so that additional workers can be added to the CMS team to coincide with the growth of Saskatoon.
- Increase the number of CMS workers in order to decrease the caseload of each worker within the organization. This will help the CMS workers to provide optimal support and attention to their clients as well as more outreach to additional community members.
- Increase the diversity of CMS workers to better serve multi-cultural populations.
- Formulate a succession plan in order to reflect the current staffs' eventual departure from the program.
- Increase client flow through the program by specifying CMS worker roles, the role of CMS to clients, and increasing communication with service providers.
- Consult with high contact service providers to determine if sharing client information (e.g., through a shared database) is feasible so that duplication of services is low and gaps in services are reduced.
- Consider alternate and/or additional hours of CMS operation to increase the continuity of care to clients.
- Within the confines of client and worker safety, try to increase the warm and welcoming atmosphere of the CMS physical surroundings (e.g., increase lobby space and multicultural representation).
- Using clinical judgment, consider providing more flexibility on the date in which trusteeship money is given to clients.
- Communicate with each client to ensure that they are feeling supported (e.g., with their living/housing arrangements).

Limitations

Throughout the completion of this study, five limitations became apparent to the researchers. First, the quality of the data that could be extracted from the interviews for phase I was contingent on the mental health and stability of the participants. For example, one participant's data could not be used because his answers were incomprehensible and unrelated to CMS. Second, not all participants wished to review their transcript to ensure its accuracy. Furthermore, not all participants who indicated that they wanted to review their transcript were available to do so. For example, one participant set up multiple meetings to review her transcript and failed to attend. Third, due to the uniqueness of the CMS program, its staff, their clients, and the service providers, the results of this study may not be generalizable to other programs or communities. Fourth, due to potential participant interest, time and funding constraints, we were unable to interview service providers from all 10 'work areas' during Phase II, thus limiting the breadth of the results. Fifth, the research is also limited by the interview guide that was used for both phases. Semi-structured interviews, although flexible in nature, still place restraints on what is discussed and the type of data that is produced.

Conclusion

Throughout this program evaluation, it became apparent that CMS fits a niche within the community of Saskatoon. Both CMS clients and service providers alluded to the importance and great need of this program. In fact, one service provider described CMS as "a pillar that has been in existence for a long time that people do rely on." Furthermore, many service providers stated that CMS is one of the only programs within Saskatoon who work with clientele with different vulnerabilities. Both clients and service providers had many positive things to say about CMS, and the program evaluation suggests that CMS is supporting individuals to live at their optimal level of independence. To help improve CMS at SCIS, recommendations were suggested by both clients and service providers. Given that CMS is such an influential program within the community, it would be ideal if CMS were able to support more community members who require their services.

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Appendix A: Letter of Potential Involvement (CMS Clients)

Dear Crisis Management Service client,

This is a letter to request your involvement in a program evaluation for Crisis Management Service (CMS). This is a research study being conducted on behalf of CMS by the Community-University Institute for Social Research (CUISR), University of Saskatchewan. The student researchers Terra Quaife and Laurissa Fauchoux from the Masters of School and Counselling Psychology program in the College of Education are supervised by the principal investigators for this study, Dr. David Mykota and Dr. Isobel Findlay, University of Saskatchewan.

CMS aims to provide the best service and care for their clientele. One way that programs can continue to meet client needs and to ensure that they are providing adequate services is through a program evaluation. A program evaluation is a method of collecting and using information about a program provided by service users to determine its effectiveness. The CMS evaluation will give you the opportunity to confidentially talk about the services and your level of satisfaction.

Ten to fifteen CMS clients will be contacted and asked to participate in this research study. People who choose to participate in this study will be invited to an interview at a location and time convenient to you that will take approximately 60 minutes. They will be asked only questions about the CMS services and no personal information will be collected. For your participation in this study you will receive $15.00 compensation. Any information provided by participants will be used confidentially and your comments will remain anonymous; the staff at CMS will not know who has been chosen for interviews.

This letter is simply to inform you that you *may* be contacted to participate in the study. If you do not want to be contacted, please inform CMS staff by visiting the office or by calling 933-8234. You are not required to participate and your acceptance or refusal to participate will *not* affect the services you are currently receiving from CMS.

If you do not indicate otherwise, the student researchers will follow up this letter with a phone call. Meantime, if you are interested in learning more about this study, please contact Dr. Isobel Findlay or Dr. David Mykota:

David Mykota, Head
Educational Psychology & Special Education
Room 3102, Education Building
University of Saskatchewan
Phone: (306) 966-5258
Email: david.mykota@usask.ca

Isobel Findlay, University Co-Director, CUISR
Professor, Edwards School of Business
Rm 74, PostashCorp Centre
University of Saskatchewan
Phone: (306) 966-2385
Email: findlay@edwards.usask.ca

The proposed research project was approved by the University of Saskatchewan's Behavioural Research Ethics Board on February 16, 2012 (BEH# 12-14). If you have any questions about your rights as a participant, please contact this office at 306-966-2084 or ethics.office@usask.ca

Sincerely,

David Mykota and Isobel Findlay

Appendix B: Consent Form (CMS Clients)

You are invited to participate in a research project entitled: Program evaluation of Crisis Management Service. Please read/listen to this form carefully, and feel free to ask questions you might have.

Researchers: Laurissa Fauchoux, CUISR student researcher, (306) 966-2651, and Terra Quaife, CUISR student researcher, (306) 966-2651. Supervisors: Dr. David Mykota, Head, Educational Psychology & Special Education, University of Saskatchewan, (306) 966-5258; Email: david.mykota@usask.ca and Dr. Isobel Findlay, Management and Marketing, Edwards School of Business, University of Saskatchewan, 25 Campus Drive, Saskatoon, SK S7N 5A7; (306) 966-2385; Email: findlay@edwards.usask.ca

Purpose and Procedure: The purpose of this research study is to give you the opportunity to express your thoughts and feelings about Crisis Management Service (CMS) and the programming that you are obtaining through them. This data will be used to create an evaluation report and for Terra Quaife's thesis. You are being asked to participate in an interview which will take approximately 60 minutes with Laurissa Fauchoux and Terra Quaife (the researchers). These questions will deal only with CMS programming and your satisfaction with it. Prior to the interview you will be given 5-10 minutes to look over the questions that we will be discussing. If you agree, the interview will be audiotaped to ensure that we have an accurate record of what was said. After the interview you will be given a debriefing form and will be given the opportunity to ask any questions that you have and the option to decline reviewing your transcript. If you do not decline reviewing your transcript, you will be given a written form of the interview once it is produced in order to ensure its accuracy and sign a transcript release form. If you feel changes need to be made to the transcript, you will then have the opportunity to do so. If we are unable to contact you to review the transcript, the data will still be used; however, no identifying information will be included. Although the transcript will be used to provide data for the report, your name will not be included in the report to ensure that your information is kept confidential. Data included in the report will either be in summarized form or direct quotations.

Potential Benefits: Though we cannot guarantee these, potential benefits for your involvement in this study include:

1. Receiving $15.00 for your participation
2. Having a voice in improving CMS with your personal expertise and involvement
3. Helping to gather information that can be used by staff to improve CMS services
4. Help present and future clients of CMS, and society in general to obtain the best services possible

Potential Risks: The cost/inconveniences/risks of this study may include:

1. The time requirement by you to participate in the study (travel time, approximately 60 minutes for the interview, time to review the transcript). You will be compensated for your time with the $15.00 (as described above)
2. Although we are using caution to ensure confidentiality there is the possibility through direct quotes confidentiality may be compromised; however, steps are taken to ensure this is not the case
3. You may feel pressured to participate in the study given your relationship with CMS; however, there is no requirement for you to participate in order to keep accessing CMS services. Furthermore, CMS staff will not know whether you have agreed to participate in the study or not.

There will be an opportunity for debriefing after the interview; if it appears that further support is required, information will be given about supportive resources external to CMS. The researchers reserve the right to terminate the interview if we become uncomfortable at any time.

Storage of Data: At the conclusion of the research study, the information that has been collected, including consent forms, audiotapes, transcripts, and transcript release forms, will be stored in a locked file cabinet in the principal investigator's (David Mykota) office. This data (consent forms separated from other data to protect your confidentiality) will be kept there for a minimum of 5 years after the completion of the research study. After 5 years the data will be destroyed beyond recovery.

Confidentiality: The data from this research project will be published as a Community- University Institute for Social Research report; however, your identity will be kept confidential. Although we will report direct quotations from the interview, you will be given a pseudonym, and all identifying information will be removed from our report. Because you have been selected from a small group of people, all of whom are known to the CMS staff, it is possible that you may be identifiable to other people on the basis of what you have said, even though no identifying will be included in the report. After the interview, and prior to the data being included in the final report, you will be given the opportunity to review the transcript of you interview, and to add, alter, or delete information from the transcripts as you see fit.

Right to Withdraw: Your participation is voluntary, and you can answer only those questions that you are comfortable with. There is no guarantee that you will personally benefit from your involvement. The information that is shared will be held in strict confidence and discussed only with the research team. You may withdraw from the research project for any reason, at any time, without penalty of any sort and this will not compromise your services with CMS or relationship with the CMS staff or researchers. Furthermore, you will still be entitled to receive the monetary compensation ($15.00) for your time. Your right to withdraw data from the study will apply until April 30, 2012. After this it is possible that some form of research dissemination will have already occurred and it may not be possible to withdraw your data. Upon request to withdraw your data, your data will be destroyed.

Questions: If you have any questions concerning the research project, please feel free to ask at any point; you are also free to contact the researchers or the university research ethics board at the numbers provided if you have other questions. This research project has been approved on ethical grounds by the University of Saskatchewan Behavioural Research Ethics Board on February 16, 2012. Any questions regarding your rights as a participant may be addressed to that committee through the Ethics Office (966-2084). Out of town participants may call collect.

Follow-Up or Debriefing: After you complete the interview you will be given an opportunity to ask questions and a debriefing form will be given to you. If you wish to receive a copy of the final report please ask the researchers (contact information below) and a copy will be made available to you.

Consent to Participate: I have read and understood the description provided; I have had an opportunity to ask questions and my/our questions have been answered. I consent to participate in the research project, understanding that I may withdraw my consent at any time. A copy of this Consent Form has been given to me for my records.

_____	_____
(Name of Participant)	(Date)
_____	_____
(Signature of Participant)	(Signature of Researcher)
	_____
	(Signature of Researcher)

Appendix C: Interview Guide (CMS Clients)

1. What is your name?
2. As part of the evaluation for Crisis Management Service, we would like to know a little bit about you, would you mind telling us about yourself?
    a. Probe: How old are you?
    b. Probe: How would you describe your cultural/ethnic background?
3. Can you tell us a little bit about your story and how you came to Crisis Management Service?
    a. Probe: Did you refer yourself? Or were you referred by someone else?
    b. Probe: How long have you been in the program?
    c. Probe: What brought you to the program?
4. Suppose we were with you for a week, what would your interactions with Crisis Management Service look like?
5. How would you rate your experiences with Crisis Management Services?
    a. Probe: Would you say your experiences have been very good, good, bad, very bad?
6. Since joining the program, what has the program done for you?
    a. Probe: How has the program helped your quality of life?
    b. Probe: Has Crisis Management Service helped you live in the community more independently?
        i. Probe: Can you give examples of how the program has helped you to live more independently in the community?
7. Have you benefitted from this program in ways that you were not expecting?
    a. Probe: What were the benefits that you received that you were not expecting?
8. Have your expectations for the program been met?
    a. Yes Probe: Would you mind explaining what your expectations were that were met?
    b. No Probe: Can you give us examples of expectations that you had, but that were not met?
9. What about the program do you most enjoy?
10. Can you tell us a little bit about your experience with the staff at Crisis Management Service?
    a. Probe: When you interact with the staff do you usually have a positive or negative experience?
        i. Probe: Can you tell us more about those experiences?
11. Since joining the program, what has Crisis Management Service not done for you that you would have liked it to?
    a. Probe: What could Crisis Management Services do differently to help you live more independently in the community?
12. How could the program change to improve your quality of life?
13. What about the program do you least enjoy?
14. If you had the opportunity to improve the Crisis Management Program, what would you change?
15. How would you summarize your experiences with CMS?
16. Is there anything else that you think we should know about Crisis Management Service?

Appendix D: Debriefing Form (CMS Clients)

Thank you again for participating in this program evaluation. Your knowledge and expertise are an important part of the improvement of Crisis Management Service and ensuring that present and future clients are receiving the best care possible. Our aim for this research was to determine program strengths, weakness, possible avenues for growth, and your satisfaction as a client with the program.

If you have any question or comments or would like to obtain results of the evaluation, please contact Laurissa Fauchoux or Terra Quaife. If you have any questions regarding the ethics of this research study please contact the University of Saskatchewan Behavioural Research Ethics Board. All contact information is below.

___ By checking here, I choose to allow the researchers to use my transcript without contacting me to review and make changes to it.
___ By checking here, I choose to have the researchers to re-contact me in order to review my transcript.

Laurissa Fauchoux: 306-966-2651
Terra Quaife: 306-966-2651

Research Ethics Office
University of Saskatchewan
Box 5000 RPO University
Saskatoon SK S7N 4J8
306-966-2975

Appendix E: Transcript Release Form (CMS Clients)

Title of study: *Program evaluation of Crisis Management Service*

This transcript form is to give acknowledgement that the interview data accurately reflects what was said in the interview with Laurissa Fauchoux and Terra Quaife (researchers). This data may be included in the final report.
I,_____, have reviewed the complete transcript of my personal interview in this study, and have been provided with the opportunity to add, alter, and delete information from the transcript as appropriate. I acknowledge that the transcript accurately reflects what I said in my personal interview with Laurissa Fauchoux and Terra Quaife. I hereby authorize the release of this transcript to Laurissa Fauchoux and Terra Quaife to be used in the manner described in the Consent Form. I have received a copy of this Data/Transcript Release Form for my own records.

_____ _____
Name of Participant Date

_____ _____
Signature of Participant Signature of Researcher

Appendix F: Interview Guide (Service Providers)

1. Please state your name.
2. What organization are you affiliated with?
3. What is your position in this organization?
4. Please explain the referral process and how you come to see CMS clients.
    a. Do CMS workers contact you, do clients contact you?
    b. On average per week, how often are you in contact with Crisis Management Service workers?
    c. On average per week, how many CMS clients do you see?
5. After you have met with the clients what is the next step in your relationship with CMS?
    a. Do you share client information back to CMS workers?
    b. Do you ever refer CMS clients to other service providers or organizations?
        i. Yes probe: After you make the referral is CMS still in that circle of care? (i.e. do you keep them apprised)
6. The mandate of CMS is to "have clients live at their individual optimal level of independence using community resources appropriately", how well do you feel CMS meets their mandate?
7. How is CMS an effective organization?
    a. How well do you think that CMS workers communicate with you regarding CMS clients that you will be seeing (do you think that they are overinvolved/under-involved)?
8. How is CMS a needed organization?
    a. What do they do that is different than other organizations?
    b. Is there overlap with CMS and other agencies?
        i. Do you see this as a redundancy of services?
9. In your view, what are the strengths of CMS?
    a. Strengths of how the program works or operates?
    b. Strengths of CMS workers i.e. communication, support, demeanor, professionalism?
10. In your view, what are the weaknesses of CMS?
    a. Weaknesses of how the program works or operates?
    b. Weaknesses of CMS workers i.e. communication, support, demeanor, professionalism?

11. When you see a CMS client, in your opinion, does it appear that the client's needs are being met through CMS?

    a. When you see a CMS client, in your opinion, are there needs you can think of that are not being met by CMS?

    b. In your opinion, how effective is CMS at providing individual attention to the client?

    c. In your opinion, does it appear that CMS clients are receiving enough support by their CMS worker?

    d. Keeping in mind the CMS clients that you provide service to, how well do you think CMS connects their clients with funds available to those clients?

    e. Keeping in mind the CMS clients that you provide service to, how effectively do you think CMS communicates with their clients?

        i. When you see a CMS client, do they know why they were sent to see you?

        ii. Do CMS clients appear to have an understanding of the process of accessing your services?

        iii. When you see a CMS client, do the clients know before coming to see you any possible changes in the services that you will be providing them?

12. In general, how is the relationship between CMS staff and you as a CMS client service provider?

    a. In your interaction with the CMS staff, can you discuss their ability or lack of ability to create a warm and welcoming atmosphere?

13. If you had the opportunity to improve the Crisis Management Program, what would you change?

    a. In your view, what could CMS do differently to improve the lives of their clients?

14. Please give a summary of your perceptions of CMS.

15. Is there anything else that you think we should know about Crisis Management Service?

Appendix G: Letter of Potential Involvement (Service Providers)

Program evaluation of the Crisis Management Service (CMS): Service Provider Perspectives

Dear Service Provider,

This is a letter to request your involvement in a program evaluation for Crisis Management Service (CMS). This is a research study being conducted on behalf of CMS by the Community-University Institute for Social Research (CUISR), University of Saskatchewan. The student researchers Terra Quaife and Laurissa Fauchoux, from the Masters of School and Counselling Psychology program in the College of Education are supervised by the principal investigator for this study, Dr. David Mykota, University of Saskatchewan.

CMS aims to provide the best service and care for their clientele. One way that programs can continue to meet client needs and to ensure that they are providing adequate services is through a program evaluation. A program evaluation is a method of collecting and using information about a program provided by service users to determine its effectiveness. The CMS evaluation will give you the opportunity to confidentially talk about CMS services and your interaction as a service provider to CMS clients.

A total of ten to fifteen service providers will be contacted and asked to participate in this research study. Representatives from various service provider agencies will be asked to participate in an interview at a convenient time and location. Each interview will take approximately 60 minutes. There will be no questions asked about specific CMS clients, only your relationship with CMS and CMS staff.

Any information provided will be kept confidential; furthermore, the CMS staff will not know who has been chosen for interviews.

This letter is simply to inform you that you *may* be contacted to participate in the study. If you do not want to be contacted, please inform the principle investigator (Dr. David Mykota, contact information below). You are not required to participate and your acceptance or refusal to participate will *not* affect your relationship with CMS staff or CMS clientele.

If you do not indicate otherwise, the student researchers may follow up this letter with a phone call. Meantime, if you are interested in learning more about this study, please contact Dr. David Mykota:

David My

The proposed research project was approved by the University of Saskatchewan's Behavioural Research Ethics Board on February 16, 2012. If you have any questions about your rights as a participant, please contact this office at 306-966-2084 or ethics.office@usask.ca.

Sincerely,

David Mykota

Appendix H: Consent Form (Service Providers)

Program evaluation of the Crisis Management Service (CMS): Service Providers' Perspective

You are invited to participate in a research project entitled: *Program evaluation of the Crisis Management Service.* Please read to this form carefully, and feel free to ask questions you might have.

Researcher(s): Laurissa Fauchoux, CUISR student researcher, (306) 966-2651, and Terra Quaife, CUISR student researcher, (306) 966-2651. Supervisors: Dr. David Mykota, Head, Educational Psychology & Special Education, University of Saskatchewan, (306) 966-5258; Email: david.mykota@usask.ca

Purpose and Procedure: The purpose of this research study is to give you the opportunity to express your thoughts and feelings about Crisis Management Service (CMS) and your interactions with them. This data will be used to create an evaluation report. You are being asked to participate in an interview which will take approximately 60 minutes with Laurissa Fauchoux and Terra Quaife (the student researchers). These questions will deal only with your interactions with CMS programming, satisfaction with it, and hypothetical clients (which you have already received via e-mail). Prior to the interview you will be given 5-10 minutes to look over the questions that we will be discussing. If you agree, the interview will be audiotaped to ensure that we have an accurate record of what was said. After the interview you will be given a debriefing form and will be given the opportunity to ask any questions that you have and the option to decline reviewing your transcript. If you do not decline reviewing your transcript, you will be given a written form of the interview once it is produced in order to ensure its accuracy and sign a transcript release form. If you feel changes need to be made to the transcript, you will then have the opportunity to do so. If we are unable to contact you to review the transcript, the data will still be used; however, no identifying information will be included. Although the transcript will be used to provide data for the report, your name will not be included in the report to ensure that your information is kept confidential. Data included in the report will either be in summarized form or direct quotations.

Potential Benefits: Though we cannot guarantee these, potential benefits for your involvement in this study include:

1. Having a voice in improving the services of CMS by identifying gaps in the provision of services
2. Help present and future clients of CMS, and society in general to obtain the best services possible

Potential Risks: The cost/inconveniences/risks of this study may include:

1. The time requirement by you to participate in the study (travel time, approximately 60 minutes for the interview, time to review the transcript).
2. Although we are using caution to ensure confidentiality there is the possibility through direct quotes confidentiality may be compromised; however, steps are taken to ensure this is not the case.
3. You may feel pressured to participate in the study given your relationship with CMS and the stakeholder from which you are a representative; however, there is no requirement for you to participate. Furthermore, CMS staff will not know whether you have agreed to participate in the study or not.

There will be an opportunity for debriefing after the interview. The researchers reserve the right to terminate the interview if we become uncomfortable at any time.

Storage of Data: At the conclusion of the research study, the information that has been collected, including consent forms, audiotapes, transcripts, and transcript release forms, will be stored in a locked file cabinet at the Community-University Institute for Social Research (CUISR). This data (consent forms separated from other data to protect your

confidentiality) will be kept there for a minimum of 5 years after the completion of the research study. After 5 years the data will be destroyed beyond recovery.

Confidentiality: The data from this research project will be published as a Community- University Institute for Social Research report; however, your identity will be kept confidential. Although we will report direct quotations from the interview, you will be given a pseudonym, and all identifying information will be removed from our report. After the interview, and prior to the data being included in the final report, you will be given the opportunity to review the transcript of you interview, and to add, alter, or delete information from the transcripts as you see fit.

Right to Withdraw: Your participation is voluntary, and you can answer only those questions that you are comfortable with. There is no guarantee that you will personally benefit from your involvement. The information that is shared will be held in strict confidence and discussed only with the research team. You may withdraw from the research project for any reason, at any time, without penalty of any sort and this will not compromise your relationship with CMS, CMS clients, or the researchers. Your right to withdraw data from the study will apply until November 30, 2012. After this it is possible that some form of research dissemination will have already occurred and it may not be possible to withdraw your data. Upon request to withdraw your data, your data will be destroyed.

Questions: If you have any questions concerning the research project, please feel free to ask at any point; you are also free to contact the researchers or the university research ethics board at the numbers provided if you have other questions. This research project has been approved on ethical grounds by the University of Saskatchewan Behavioural Research Ethics Board on (October 16, 2012). Any questions regarding your rights as a participant may be addressed to that committee through the Ethics Office (966-2084). Out of town participants may call collect.

Follow-Up or Debriefing: After you complete the interview you will be given an opportunity to ask questions and a debriefing form will be given to you. If you wish to receive a copy of the final report please ask the researchers and a copy will be made available to you.

Consent to Participate:
I have read and understood the description provided; I have had an opportunity to ask questions and my/our questions have been answered. I consent to participate in the research project, understanding that I may withdraw my consent at any time. A copy of this Consent Form has been given to me for my records.

_____	_____
(Name of Participant)	(Date)
_____	_____
(Signature of Participant)	(Signature of Researcher)
	_____
	(Signature of Researcher)

Appendix I: Debriefing Form (Service Providers)

Program evaluation of the Crisis Management Service (CMS): Service Providers' Perspective

Thank you again for participating in this program evaluation. Your knowledge and expertise are an important part of the improvement of Crisis Management Service, and ensuring that present and future clients are receiving the best care possible, and ensuring that relationships between stakeholders and CMS are optimal. Our aim for this research was to determine program strengths, weaknesses, possible avenues for growth, and your satisfaction of the program as a stakeholder representative.

If you have any question or comments or would like to obtain results of the evaluation, please contact Laurissa Fauchoux or Terra Quaife. If you have any questions regarding the ethics of this research study please contact the University of Saskatchewan Behavioural Research Ethics Board. All contact information is below.

___ By checking here, I choose to allow the researchers to use my transcript without contacting me to review and make changes to it.
___ By checking here, I choose to have the researchers re-contact me in order to review my transcript.

Laurissa Fauchoux: 306-966-2651
Terra Quaife: 306-966-2651

Research Ethics Office
University of Saskatchewan
Box 5000 RPO University
Saskatoon SK S7N 4J8
306-966-2975

Participant ID:_____

Appendix J: Data/Transcript Release Form (Service Providers)

Program evaluation of the Crisis Management Service (CMS): Service Providers' Perspective

Title of study: *Program evaluation of the Crisis Management Service*

This transcript form is to give acknowledgement that the interview data accurately reflects what was said in the interview with Laurissa Fauchoux and Terra Quaife (researchers). This data may be included in the final report.
I,_____, have reviewed the complete transcript of my personal interview in this study, and have been provided with the opportunity to add, alter, and delete information from the transcript as appropriate. I acknowledge that the transcript accurately reflects what I said in my personal interview with Laurissa Fauchoux and Terra Quaife. I hereby authorize the release of this transcript to Laurissa Fauchoux and Terra Quaife to be used in the manner described in the Consent Form. I have received a copy of this Data/Transcript Release Form for my own records.

_____	_____
Name of Participant	Date
_____	_____
Signature of Participant	Signature of researcher
	_____
	Signature of researcher

Participant ID:_____

List of Publications

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