

CANADIAN MENTAL HEALTH ASSOCIATION
OTTAWA BRANCH (CMHA OTTAWA) PRESENTS

Watch a recording of
the presentation—

<https://youtu.be/htT7OmXHR04>



Bright Ideas 2022

A round-up of the research and
evaluation activities undertaken at
CMHA Ottawa over the past year

June 17, 2022
Proceedings Report

Graphic Design by Jennifer Sweet

Acknowledgments

Thank you to the presenters of this event and to the research teams and supervisors they represent.

By conducting these studies in partnership with CMHA Ottawa, you have helped the organization meet many of its research and evaluation needs, leading to the improvement of services to the community.

Thank you to the ongoing CMHA Ottawa research and evaluation partners – the Centre for Research on Educational and Community Services at the University of Ottawa, the University of Ottawa School of Medicine, Algonquin College’s Victimology Research Centre, and Carleton University.

We acknowledge the valuable participation of clients, program managers and frontline

staff in these studies, and their crucial roles as project advisors, helping to shape the studies and interpret the study findings.

The following CMHA Ottawa teams collaborated to organize the event—

- Decision Support and Accountability Team: Donna Pettey, Todd Bridger, Maryann Roebuck, Lucy Whitteker,
- Communications and Stakeholder Relations Team: Patrick Jodoin,
- Learning and Development Team: Nathalie Hutcheon, Julie Levesque



Canadian Mental
Health Association
Ottawa
Mental health for all

Association canadienne
pour la santé mentale
Ottawa
La santé mentale pour tous



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Description of Event

The day-to-day work that takes place at CMHA Ottawa is innovative, impactful, varied and compelling. Our dedicated and highly skilled staff work every day with eligible individuals in the Ottawa area who are experiencing a mental illness and/or substance use disorder, providing evidence-informed and person-centred programs and services that empower individuals and promote good mental health.

Our community-based agency provides outreach services, case management, housing, counselling, specialty services, training and more. This wide range of services makes our private, non-profit charitable organization a suitable setting for important research and evaluation projects focused on ensuring we continue to adhere to existing evidence-based practices, identify new emerging best practices, and ultimately improve services for clients across the sector of mental health and addiction services.

Every year, our staff and clients work with students from the University of Ottawa, Carleton University, Algonquin College and others on a variety of research and evaluation projects, and clinical practice placements. These students play a critical role in supporting our capacity to engage in research, and perhaps represent our future mental health clinicians!

Bright Ideas 2022 offered CMHA Ottawa staff, clients, Board of Directors, partners and peers an overview of just some of the research and evaluation that had taken place at CMHA Ottawa.

The free, virtual event featured students from various disciplines as they described the range of projects that they worked on with CMHA Ottawa during the 2021–2022 school year.

The objectives were to—

- Highlight the purposes and uses of research and evaluation in the organization.
- Encourage transparency (sharing the work that CMHA Ottawa staff and clients have been a part of).
- Identify lessons learned, opportunities for improvement, and the high quality of our services – all identified and explored within these initiatives.
- Share next steps and *what this led to*.

The organizers also wanted to highlight the amazing work and critical role that students play. The event was composed of a series of 15-minute presentations by researchers on their respective field of study, all within the CMHA Ottawa environment.

Summary of Opening Remarks

Dr. Tim Simboli

Executive Director, CMHA Ottawa

Holding this day is an important step, not only for CMHA, but for community-based services in general. The importance of community-based services has long been overlooked in the health care system, in the mental health care system, and in the addictions system.

Community mental health represents newer territory for research and evaluation. Community-based research is a concept that has been growing and is essential to CMHA Ottawa's work. This research not only informs community mental health and makes services

better – it also brings credibility and respect to the services that the sector offers.

The presenters at this event carry a curiosity – for the idea that there's something out there and if we can just dig away at it we will find something. That curiosity is what drives researchers and it is carried by the audience members at this event as well. The sharing of information and finding the good work of other people will drive the work that we do in the professions we're in.

Dr. John Sylvestre

Full Professor, School of Psychology, and Senior Researcher of the Centre for Research on Educational and Community Services (CRECS)

CRECS (<https://crecs.uottawa.ca>) has been around for well over 20 years now, and has about 40 affiliate researchers, both in the Faculty of Social Sciences and the Faculty of Education. The Centre has conducted research with a broad range of community partners on topics such as citizenship, child welfare, social innovations. And of course, community mental health is a major part of the Centre's work, particularly examining questions related to housing and homelessness.

CRECS also focuses on conducting program evaluation – working with community partners to take a look at their programs to see how they are up and running and whether they are producing the outcomes that are hoped for.

The Centre's aim in working with community partners is to provide mutual benefit. CRECS conducts partner-driven research, or

partner-driven evaluation, in contrast to investigator-driven research. The Centre is often trying to address issues, challenges or questions that come from community partners. The Centre's methods and orientation provide back information that can be used by community partners, to have a fresh understanding of the work they do, and to seek ways to improve what's being done.

These community partnerships also carry important benefits for the university, greatly enhancing the work of the researchers, and also providing important training opportunities for students. Students gain valuable experience working with partners, understanding what service delivery looks like in the field, honing consultation skills, developing applied research skills, and in this case, fostering knowledge mobilization skills, such as sharing back study findings with community partners.

Presentation Summaries



Working Alliance as a Mediator Between Fidelity to Strengths Model Case Management and Client Outcomes

Dr. Maryann Roebuck

Postdoctoral Researcher, CMHA Ottawa and University of Ottawa, Centre for Research on Educational and Community Services

Purpose

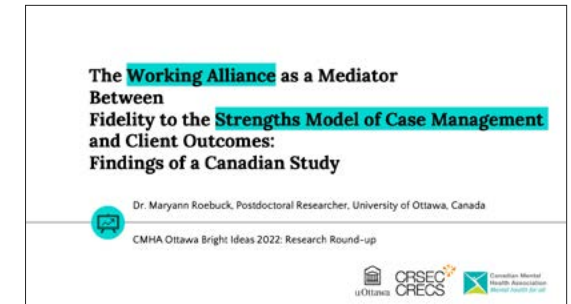
The purpose of this study was to examine how the client–case manager working alliance in strengths model case management (SMCM) mediates the relationship between fidelity to SMCM and clients' quality of life, hope, and community functioning.

Methods

In total, 311 people with severe mental illness, served at seven community mental health agencies in Canada, participated in the study. They were new to SMCM and participated in five structured interviews every 4.5 months for 18 months to measure the quality of the client–case manager working alliance and clients' quality of life, hope, and community functioning. The team–level SMCM fidelity scale was administered six times over three years. Ordinary least-squares path analysis was used to test simple mediation models. For the qualitative portion of the study, 20 people with severe mental illness, with a strengths model case manager, participated in semi-structured, qualitative interviews. Using first and second cycle coding, data were analyzed thematically.

Results

Higher fidelity to SMCM was associated with better client outcomes indirectly through the working alliance. Higher SMCM fidelity predicted a stronger working alliance, which in turn predicted greater improvements in client quality of life (at nine months and 18



Presentation Slides



Publication 1



Publication 2

months), hope (at 18 months), and community functioning (at nine months).

Conclusions

The results support the view that SMCM is an effective intervention. When the intervention was implemented as planned, it fostered stronger working alliances between clients and case managers and contributed to greater improvements in the quality of life, hope, and functioning of people with severe mental illness. Qualitatively, SMCM clients valued their case managers' flexibility and highlighted their work on a wide range of goals of their choosing. Case managers approached the SMCM intervention responsive to their clients' preferences and choices. Clients described the working alliance as helping to improve their lives. People in the study attributed personal life changes to their relationship with their case manager.

Implications

The findings of this study highlight the value of ongoing monitoring of implementation fidelity to achieve high fidelity. The study supports the implementation of SMCM with people with severe mental illness due to its focus on fostering a strong working alliance.

Next Steps

As the organization continues to implement SMCM, these study findings inform efforts to develop a sustainable SMCM practice, and to monitor implementation continuously.

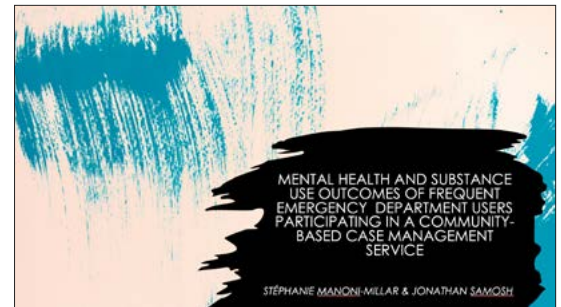
Mental Health and Substance use Outcomes of Frequent Emergency Department Users Participating in a Community-Based Case Management Service

Jonathan Samosh

University of Ottawa PhD Candidate, Clinical Psychology

Stéphanie Manoni-Millar

University of Ottawa PhD Candidate, Psychology



Presentation Slides



Publication

Background

The Familiar Faces program at CMHA Ottawa aims to support frequent emergency department (ED) users with mental illness or problematic substance use, and to reduce their use of the ED. Eligible ED patients are contacted by a Familiar Faces system navigator who can assist for up to three months by connecting patients with relevant community services. Patients requiring further support can also receive short-term case management from the Transitional Case Management team for up to nine months.

Purpose

An outcome evaluation was conducted to assess the impact of the Familiar Faces program for clients and investigate potential mechanisms of change of the program.

Methods

A quantitative pre-test/post-test design was used to compare the mental health and substance use outcomes of 30 clients at baseline entry into the program and follow-up at least six months later. Additionally, qualitative interviews were conducted with 15 program clients, and focus groups were conducted with two groups of program staff, to ask about their perspectives regarding program outcomes and potential mechanisms of change.

Preliminary Results

Frequent ED users with mental illness or problematic substance use can benefit from the support of a combined system navigation and short-term case management service provided for six months or more. Benefits are most

likely to be experienced in the symptoms of internalizing mental disorders like anxiety and depression. Benefits are less likely to be seen in the symptoms of alcohol use, substance use, and externalizing mental disorders. Program client and staff reflections about the program were largely positive. Mechanisms of change that reportedly led to reduced ED use and improved mental health symptoms included the strong therapeutic relationship between program staff and clients, the impressive breadth of connections that CMHA maintains with other community-based organizations and resources, and the flexibility of program service provision to meet the needs of clients in the moment.

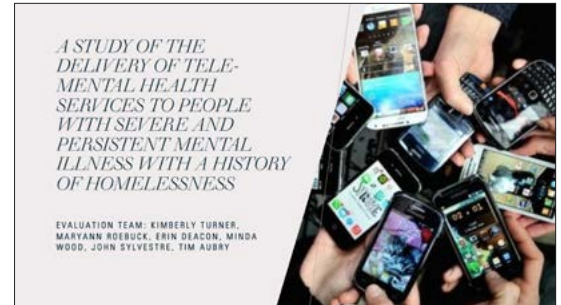
Implications

Overall, CMHA Ottawa is providing a helpful service bolstered by the strong therapeutic relationships fostered by program staff and CMHA's impressive connections with a broad array of community services and supports.

Next Steps

This presentation provided preliminary findings of the broader Familiar Faces study – researchers continue to conduct an outcome evaluation of the program components and will work with the organization to present future study findings and develop implications and recommendations. The study provides credibility for the Systems Navigation and Transitional Case Management programs and shows that clients benefit from receiving these services. Program staff continue to incorporate the study recommendations into their service provision.

A Study of the Delivery of Tele-Mental Health Services to People with Severe and Persistent Mental Illness with a History of Homelessness



Presentation Slides

Kimberly Turner

University of Ottawa, PhD Candidate, Clinical Psychology

Background

Due to public health restrictions implemented in response to the COVID-19 pandemic that limited in-person contact, in 2020 CMHA Ottawa rapidly transitioned its community mental health services to include tele-mental health. To support its clients in the transition to tele-mental health services, CMHA Ottawa also provided mobile phones to clients.

Purpose

This study examined the perceptions of the phone handout program and the transition to tele-mental health services from the perspectives of mental health case managers and their clients at CMHA Ottawa with a focus on perceived changes, benefits, challenges, and recommendations.

Methods

Researchers conducted qualitative semi-structured interviews over the phone with nine clients and 11 service providers. Interviews were recorded and transcribed for analysis. Case-level summaries were developed by the research team for each interview in case-by-case matrices, which were used to identify patterns and themes and develop a coding scheme. The coding scheme was applied to all interviews using NVivo12 qualitative analysis software.

Results

The phone handout program facilitated access to tele-mental health services for some clients; however, barriers continued to exist for others. In addition to providing access

to services, phones also benefitted clients by improving access to social support and increasing autonomy. In the context of case management, our findings suggest that tele-mental health offers many advantages but also poses significant challenges including technology-related difficulties, the artificial aspects of virtual interactions, and limitations to the types of services that can be provided through tele-mental health.

Recommendations

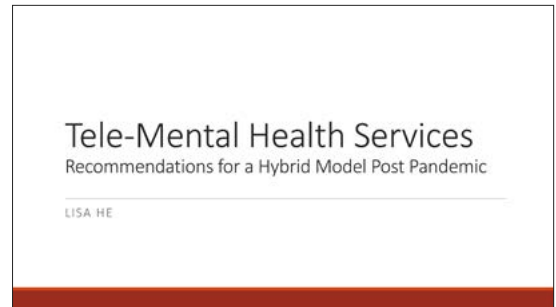
The following recommendations were provided by case managers and clients—

- Continue to provide access to phones.
- Implement strategies to prevent lost, stolen, and damaged phones.
- Continue to provide case management through tele-mental health moving forward.
- Provide the option of older technology to some clients.
- Preload phones with required software.
- Preload phones with resources.

Next Steps

As the organization plans its approach to tele-mental health following the COVID-19 pandemic, these study findings provide perspectives of frontline staff and clients that the organization will consider moving forward. CRECS researchers continue to work with CMHA Ottawa on further research and evaluation initiatives to shape tele-mental health service options for clients.

Action Plan for CMHA Use of Tele-mental Health Services: Recommendations for Implementing a Hybrid Model Post-pandemic



Presentation Slides

Lisa He

University of Ottawa Medical School Student
(Community Service Learning Placement)

Purpose

The COVID-19 pandemic necessitated a quick transition to virtual care services which posed new challenges as well as opportunities for providing mental health services. The purpose of this action plan is to evaluate some of those benefits and challenges and propose recommendations for implementing a hybrid model of care for mental health services post-pandemic.

Methods

Three hybrid model decision frameworks were analyzed for this purpose, namely, the Digital Health Equity Framework (Crawford), Decision Tool Kit for Virtual Care (Provincial Geriatrics Leadership Ontario), and the Virtual Care Decision Framework (Heart and Stroke Foundation).

Findings

All three frameworks highlighted that there are multiple important considerations when evaluating the use of virtual care services ranging from individual factors to social factors. The frameworks allude to the importance of using a methodological approach to consider each level and evaluate every aspect. Just as social determinants of health play a role in the existing unequal access to healthcare services, the digital social determinants of health further perpetuate this issue in the context of virtual care. As such, it is vital to keep this

in mind when creating a hybrid care model to not further the inequalities. When deciding whether virtual care services should be utilized, it is also important to do a risk-benefit analysis to minimize potential harms and provide the best care to each individual client. In order to implement an effective hybrid model of care, it is also important to have adequate training procedures in place as well as quality assurance measures to continuously evaluate, monitor, and improve the system.

Conclusions

This research shows that virtual care should be woven into existing in-person models to create a hybrid model of care that reaps the benefits of virtual services while addressing the associated challenges. The makeup of each individual's care should be tailored to the specific situation using a methodological framework, taking into consideration digital healthcare equity, and a risk-benefit analysis. This work aims to provide a useful guide for CMHA Ottawa's implementation of a hybrid model of care to support clients in the future.

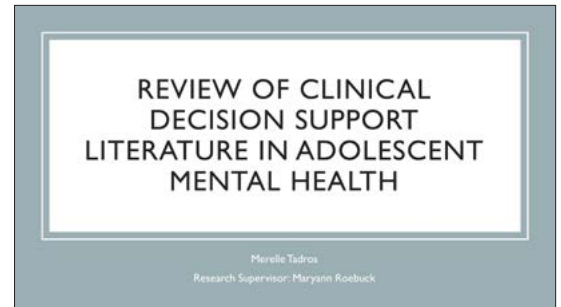
Next Steps

As a tele-mental health approach continues to be a priority for the organization, this review will guide future research and program development. As noted above, CMHA Ottawa is pursuing further research and evaluation initiatives to support its provision of tele-mental health services for clients.

Review of Clinical Decision Support Literature for a Community Mental Health Setting

Merelle Tadros

University of Ottawa Medical School Student
(Community Service Learning Placement)



Presentation Slides

Purpose:

Clinical Decision Support is defined as *providing clinicians, patients or individuals with knowledge and person-specific or population information, intelligently filtered or present at appropriate times, to foster better health processes, better individual patient care, and better population health*. Covering preclinical and clinical evidence suggests that clinical decision support systems (CDSS) have a wide benefit for youth mental health. A scoping review was conducted exploring clinical decision systems currently put in place and their area of improvement with the aim to have a more systematic and summative approach when dealing with youth mental health in a community setting.

Methods

We systematically identified articles meeting the following inclusion criteria: published between January 2000–April 2022; primary and secondary sources including original research, systematic reviews, meta-analyses, scoping reviews, and narrative reviews. Primary search terms focused on broad terms, *decision support*

team, clinical decision support, and management decision support system. The secondary search terms included more specific definitions such as *adolescence mental health and community mental health*.

Results

Twenty-two articles were identified demonstrating that CDSS is a beneficial tool that can be used to help with clinicians' decision-making processes in real-time.

Conclusions

Future research needs to better inform practitioners and policymakers on which CDS systems are most effective and helpful in the context of community mental health.

Next Steps

This review provides background research that informs CMHA Ottawa's ongoing development of its Decision Support and Accountability Team.

CMHA Ottawa and Measurement-based Care: A Literature Review



Presentation Slides

Estelle Caron-Poulin

University of Ottawa Medical School Student
(Community Service Learning Placement)

Purpose

Measurement-based Care (MBC) is the routine use of validated, clinical measures in the provision of client care to facilitate personalized treatment and monitor its outcomes. The Province of Ontario is in the process of transforming how healthcare is delivered with the creation of localized Health Teams that are situated throughout the population. For the first time, the mental health and addiction service system will be tasked to participate in MBC. CMHA Ottawa is currently working to better prepare for these upcoming changes and to improve its ability to provide quality care to its clients. The purpose of this annotated bibliography was to review measurement-based literature and determine how it may be applied to a community mental health setting.

Methods

A review was conducted using library search tools, and combinations of the key words: *measurement-based care*, *mental health*, *psychiatry*, *collaborative*, and terms describing CMHA services, namely, *community*, *community centre*, *community clinic*, *addiction*, *adults*. Snowballing was also carried out, reviewing reference lists of relevant articles. Articles outside the scope of community mental health settings were excluded. Ten articles were included in the annotated bibliography.

Findings

Studies reported that while service providers assumed MBC was negatively experienced by clients, clients and their families often

acknowledged the utility of MBC in establishing a baseline, detecting symptoms early, and using results to guide treatment decisions. MBC also facilitates communication and fostered shared decision-making. In clients experiencing symptoms such as mania and psychosis, there may be concerns around the relevance of MBC to care, confidentiality, and difficulty completing scales at every visit.

Recommendations

The following recommendations were identified in the MBC literature—

- Communicate a clear rationale for a new MBC practice
- Provide the necessary procedural knowledge
- Communicate about the change via multiple methods
- Allow for sufficient lead time to prepare for the change
- Create opportunities for bidirectional engagement

Next Steps

As a priority of the community mental health sector, and an explicit future mandate of Ontario Health, these review findings provide background research for the organization to understand MBC and to proactively plan for its use. The organization is pursuing support for further MBC research and implementation opportunities.

CMHA Ottawa Condo Program: Case Study Findings and Toolkit

Ayda Agha

University of Ottawa PhD Candidate, Psychology

Leif Harris

Honours Anthropology Student, Carleton University

Purpose

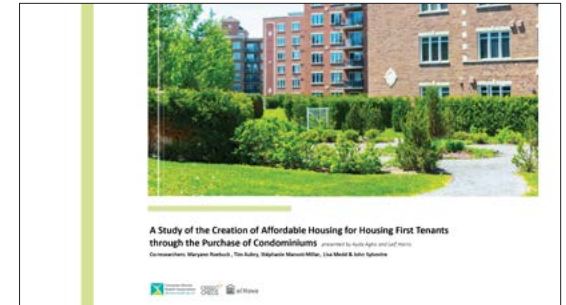
Successful implementation of Housing First requires a good supply of affordable housing. Since 2002, the Canadian Mental Health Association, Ottawa Branch, has purchased 40 condominium units in regular buildings scattered across Ottawa, Canada, to rent to its clients with severe mental illnesses who have a history of homelessness. Seeking to share their experience of this approach that creates affordable housing for Housing First tenants, in partnership with the organization, researchers conducted a case study of the program, documenting its implementation and client outcomes, and also developed a toolkit.

Methods

Thirteen tenants and 24 key informants (staff, management, board members, property managers, and funders) participated.

Results

Tenants reported housing stability, improved mental and physical health, decreased substance use, and community integration. Key informants echoed these positive outcomes. Participants also identified program challenges, including aging clients, loneliness, experiences of exclusion, and a vulnerability to home



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Video



Press Release & Toolkit



Press Release & Toolkit



Publication

takeovers. At the program-level, challenges included unanticipated program costs, heavy case manager workloads, managing repairs, some eviction cases, and the high prices of condos in central, accessible areas.

Conclusion

CMHA Ottawa has tackled common HF challenges through the development and growth of its condo program. The organization has supported 40 people to move into, and remain in, housing in which they are comfortable and satisfied. In the Canadian context, using an innovative approach to create affordable housing, they have successfully addressed a major obstacle to the delivery of HF in cities throughout North America and Europe.

Next Steps

In 2021, CMHA Ottawa developed a communications plan, including a press release (see links) to share the study findings, toolkit and knowledge mobilization video with the public and partner organizations. These findings and tools have supported the condo program's development, have raised the program's public profile, and have been shared with and used by other organizations as an example of how to implement Housing First.

CMHA Ottawa Postvention Environmental Scan: Services in Ottawa following Traumatic Deaths

Diana McGlinchey

Master of Science Victimology Student, University of Portsmouth, and Research Manager, Victimology Research Centre, Algonquin College

Purpose

For many years, CMHA Ottawa has delivered a post-suicide support program to offer postvention to affected community members. Postvention generally refers to short-term assistance and support provided to people who are bereaved by suicide. In addition to post-suicide intervention, CMHA Ottawa has been receiving an increased number of calls for support after overdose deaths or non-fatal mental health crises. This research project seeks to answer the question, could CMHA Ottawa's expertise in postvention be more broadly applied to meet a need in the community?

Methods

The team at the Victimology Research Centre (VRC) worked with CMHA Ottawa to develop an online survey and focus group discussion guide. The survey was distributed by CMHA Ottawa to selected community stakeholders (N = 66) and one focus group was held with members of Post Incident Neighbourhood Support (PINS) (N = 30).

Results

The majority of survey participants were not aware of any postvention programs within Ottawa (64%). Participants from both the survey and focus group identified potential benefits of postvention, including education and awareness, community involvement, mental health care and prevention and support.



Presentation Slides

Participants discussed gaps in current services, including accessibility, awareness, model of care and rate of response.

Implications

This environmental scan produced eight categories of recommendations for future practice, including: accessibility and awareness, community-led programs, group support, individual support, outreach, prevention, training quality and inclusive practices.

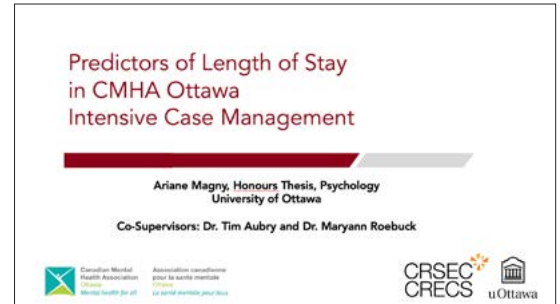
Additionally, the VRC suggests three additional recommendations for CMHA Ottawa—

- To undertake a formal evaluation of its current program
- To integrate trauma-informed care principles into the revised program
- To include the principles of equity, diversity, and inclusion (EDI) in the revised program

Next Steps

This environmental scan was initiated by and conducted for the Post-suicide Support Team, under the auspices of CMHA Ottawa, which works in tandem with Suicide Prevention Ottawa. As such, the findings are informing the development and expansion of CMHA Ottawa's postvention program, as well as the postvention supports provided more broadly in the Ottawa community.

Predictors of Length of Stay in CMHA Ottawa Intensive Case Management



Presentation Slides

Ariane Magny

Honours Psychology Student, University of Ottawa

This study was conducted in French. Study findings were compiled in a French report, entitled, *Facteurs prédictifs de la durée du suivi dans le programme de gestion de cas intensive*

Purpose

CMHA Ottawa provides intensive case management (ICM) services for people with severe mental illness who are homeless. The purpose of this study was to determine whether certain demographic or clinical characteristics could predict how long a person would stay in ICM.

Methods

The sample consisted of 307 ICM clients, separated into two groups: long-term (people who have been in the ICM program for more than 25 months as of October 29, 2021) and short-term (people who were closed from ICM services, as of October 29, 2021, and who had accessed ICM for 24 months or less). Using the Gelberg-Andersen behavioral model for vulnerable populations, 19 demographic and clinical variables were selected for logistic and multiple regression analyses.

Results

The study results highlight characteristics of people who remain in ICM at CMHA Ottawa longer than others, including women, people who are older, people with chronic physical

health issues, people with financial challenges as a presenting issue, and people with daily living activities as a presenting issue.

Conclusions

This study provides a better understanding of the profile of people who access ICM over a longer period of time compared to those who access ICM for a shorter period of time. The results provide a better understanding of the indicators that can predict the duration of services at the time of admission. ICM literature promotes the tailoring of ICM services to personalized needs and individual recovery goals. Such a focus would continue to allow for flexibility and longer-term care for particularly vulnerable groups.

Next Steps

The findings of this study are being incorporated into CMHA Ottawa's ongoing examination of how to improve clients' flow through services. The findings also guide areas for further research, quality improvement, and program development.

Closing Remarks

Todd Bridger

Manager of Quality Assurance and Improvement, CMHA Ottawa
Decision Support and Accountability Team

Peter Drucker said, “If you can’t measure it, you can’t improve it.” That’s what this event has been all about.

Our reason for doing this work is a common thread that binds all of us: We care about the people we provide services to, we want to ensure we are providing the best services possible, and we want to continuously improve upon those services.

This event included research presentations that were both quantitative and qualitative, looking at a variety of topics, such as reducing wait times or substance use, responding to individuals’ perception of care, and so on.

Louis L’Amour said, “Knowledge is like money; to be of value it must circulate, and in circulating it can increase in quantity, and, hopefully, in value.”

It is one thing to have knowledge but if it is hoarded it means nothing. If we share knowledge, we can build upon it. We often hear about *evidence-based practices*. In this event we heard about a fidelity review – the closer we adhere to an established best practice, the better the outcomes are for clients – the individuals we serve. There is also something referred to as *promising practice* or *emerging best practice*. If we transfer knowledge, we also provide capacity for people to look back on what’s been done before, in order to continuously improve upon what we’re doing today.

Participants' Feedback

During Bright Ideas 2022 and in a follow-up feedback survey, participants provided positive feedback about the event. They said—

“I’m so honoured to be part of this and to know how far we have come in trying to make positive changes in others’ lives. Thank you for all your hard work. It does make a difference.”

“Very smart minds presenting today. Love this energy.”

“This showcase is brilliant.”

Participants also provided suggestions to improve upon future events, such as incorporating clients’ voices more strongly throughout the presentations, and showing what CMHA Ottawa plans to do with the study findings and recommendations. The study *Next Steps* have been included in these proceedings, as a first step in addressing these suggestions.

For more information on the studies presented at this event, and research and evaluation activities at CMHA Ottawa, please contact the Decision Support and Accountability Team, led by Dr. Donna Pettey (dpettey@cmhaottawa.ca).