

Supporting Better Impacts with Clients: Intensive Case Management Accessing Clinical Services – Prioritized Process Improvements

1. Background / Introduction

During September 2015, process maps were developed and process improvements identified for the following 3 processes:

1. **Accessing Psychiatrist:** Identifying client flow from identifying the need through to referral, assessment, treatment, and ongoing monitoring
2. **Accessing Specialized Groups:** Identifying client flow from identifying goal with client through to referral, intake/assessment and attending group
3. **Accessing Long-Term Therapy:** Identifying client flow from identifying goal with client through to referral, intake/assessment and attending therapy

These 3 processes were identified as high priority processes specific to youth, under the theme of 'Accessing Clinical Services'.

The maps were developed and improvements identified collaboratively by youth with lived experience, front-line clinicians, administrators, and others who support at risk youth (aged 16 to 24) with a diagnosis of Severe Mental Illness and / or symptomatic signs of mental illness who are struggling with substance abuse and experiencing housing instability and are clients of intensive case managers in the Ottawa area.

On Oct. 27th, we held a *Pulling It All Together* session which focused on identifying which improvements could be actioned either at an individual, organizational or system-level. As well, we identified which improvements were important to / a priority for each individual participant and started a dialogue on how we could work together to implement change. This document provides a summary of these prioritized improvements. Further details of all **87** improvements identified / reviewed can be found in the *Process Mapping - Improvements* PDF file.

2. Prioritized Improvements – what is important to us

During the session **17** improvements were identified as important to / a priority for participants. Each improvement is detailed below in a table, providing a description of the opportunity, initial ideas / potential solutions, names of participants from the Oct. 27th session who would like to be involved moving forward, as well as, the level were change needs to happen, the process(es) the opportunity is associated with, the potential impact when implemented, and anticipated level of effort required to implement. These succinct summaries provide a starting point for our conversations moving forward, as we garner support to implement sustainable change.



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a. System-Level Improvements

Name		Description		
Opportunity	Wait lists serving the highest needs but the lower needs either become disengaged or situation worsens until they become high need			
Idea(s)	System change required - to create additional long-term counselling services for TAY			
Who	Ruth, Melanie W, Shannon, Kathrine			
Id	Level	Process	Impact	Effort
S1	System	Long-Term Therapy	High	High

Name		Description		
Opportunity	Continuity of care disjointed through wait lists			
Idea(s)				
Who				
Id	Level	Process	Impact	Effort
S2	System	Long-Term Therapy	High	High

Name		Description		
Opportunity	Age - often very difficult around 18, programs up to 18 but may be refused because close to 18, but adult services not being offered			
Idea(s)				
Who	Kathrine, Kayla, Gilles			
Id	Level	Process	Impact	Effort
S3	System	Specialized Groups	High	Medium

Name		Description		
Opportunity	Refer to multiple agencies -> multiple wait lists -> to increase chance of getting access to therapy (sooner)			
Idea(s)	Centralized intake			
Who	Gilles			
Id	Level	Process	Impact	Effort
S4	System	Long-Term Therapy	High	Medium

Name		Description		
Opportunity	Many services not geared to needs - 'long-term' different definitions for each organization			
Idea(s)	Long-term needs to mean long-term! Not 6-12 sessions!			
Who	Jane, Ruth, Kathrine, Sonja			
Id	Level	Process	Impact	Effort
S5	System	Long-Term Therapy	High	High



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Name		Description		
Opportunity	Suggest other options / resources whilst youth are waiting			
Idea(s)	System change required - to create additional options or re-align what is available in system			
Who				
Id	Level	Process	Impact	Effort
S6	System	Long-Term Therapy	High	Medium

Name		Description		
Opportunities	<ul style="list-style-type: none"> Identified need for more Concurrent Disorders programs - need to treat both addictions and mental health issues together More services need to cover both mental health and substance use at same time Start aligning concurrent access to different programs - it is already happening so let's formalize this -> central intake / assessment for MH 			
Idea(s)				
Who	Nadia, Kathrine, Sonja, Pam			
Id	Level	Processes	Impact	Effort
S7	System	Psychiatry Long-Term Therapy	High	High

Name		Description		
Opportunities	<ul style="list-style-type: none"> May refer to multiple groups (just to access one) -> multiple wait lists Sometimes multiple referrals to both UCC + On Track Extra step required - appointment with family physician / nurse practitioner for them to submit referral to psychiatrist Multiple handoffs -> many changes to case notes -> broken telephone / information lost* Have screening done by staff, so youth do not need to retell story (again) 			
Idea(s)	<ul style="list-style-type: none"> *When there is a history, previous assessment, or ICM / nurse collaboration already involved, etc. We understand the need for intakes but how do you make it youth-friendly and more seamless? 			
Who	Lisa			
Id	Level	Processes	Impact	Effort
S8	System	Psychiatry Specialized Groups	High-Medium	High-Medium-Low



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Name	Description			
Opportunities	<ul style="list-style-type: none"> If everyone is an exception then there is something or everything not fitting A lot of time is spent by ICMs negotiating extensions / access to service through personal connections. How can we change this? 			
Idea(s)	Criteria that actually applies to youth			
Who	Liz, Jane			
Id	Level	Processes	Impact	Effort
S9	System-Organizational -Individual	Long-Term Therapy	High-Medium	High-Medium

Name	Description			
Opportunities	Long wait times / delays in accessing family physician / nurse practitioner for appointment			
Idea(s)				
Who	Jessa, Ruth			
Id	Level	Processes	Impact	Effort
S10	System-Organizational	Psychiatry	High	High

b. Organizational Improvements

Name	Description			
Opportunities	<ul style="list-style-type: none"> The shorter the process for accessing groups, the higher the likelihood of uptake / attendance of groups Strict / non-flexible criteria for groups -> easier to reject than adapt to needs of youth. Can a more youth-friendly approach be taken? Organization's mandate and their identified priority(ies) do not match what the priority(ies) / need(s) of the client 			
Idea(s)	Rapid access early, pre-admission, open / continuous group, flexible admission criteria			
Who	Kayla, Katie, Judy, Kathrine			
Id	Level	Processes	Impact	Effort
O1	Organizational	Specialized Groups Long-Term Therapy	Medium	Medium

Name	Description			
Opportunities	<ul style="list-style-type: none"> Wait times change a lot - difficult to keep track of this Incorrect information available about wait lists, even within same organization 			
Idea(s)				
Who	Liz, Kevin, Kayla			



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Name		Description		
Id	Level	Processes	Impact	Effort
O2	Organizational	Specialized Groups Long-Term Therapy	High-Medium	Medium-Low

Name		Description		
Opportunities	<ul style="list-style-type: none"> Mismatch between getting access to organization vs needing access to a specific program / service -> client may not get what they need Sometimes refer to agency to get in the door, but really need access to something else 			
Idea(s)	Evaluation of groups / therapy system-wide			
Who	Liz, Alice			
Id	Level	Process	Impact	Effort
O3	Organizational-System	Long-Term Therapy	High-Medium	High-Medium

Name		Description		
Opportunities	A way to link youth to ongoing psychiatric care			
Idea(s)	Having opportunities to loop back to services when needed			
Who	Paula			
Id	Level	Process	Impact	Effort
O4	Organizational	Psychiatry	High	High

Name		Description		
Opportunities	Need support 'after group' - 'opened a can of worms and need to close it'			
Idea(s)				
Who	Sean			
Id	Level	Process	Impact	Effort
O5	Organizational	Specialized Groups	High	Medium

c. Individual Improvements

Name		Description		
Opportunities	<ul style="list-style-type: none"> Psychiatrist would like to have some good background information before an appointment Need to repeat story -> can information not be provided to psychiatrist prior to appointment? 			
Idea(s)				
Who	Dylan			
Id	Level	Process	Impact	Effort
I1	Individual	Psychiatry	Medium	Medium-Low



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Name		Description		
Opportunities		Do we have / should we have standards / core competencies for facilitators of groups?		
Idea(s)				
Who		Shannon		
Id	Level	Process	Impact	Effort
12	<i>Individual-Organizational</i>	<i>Specialized Groups</i>		

3. Working Together – initial thoughts

The following are some initial thoughts on how participants thought we could work together moving forward. This is just a starting point, to help us guide our initial next / first steps.

- Reflect - what should we do next / first?
- Identify who is missing / should be at the table
- As an individual can inform others / commit to communicate improvement(s) to a small group / others within their organization
- Produce an actionable document which can bring conversation into other environments
- Identify actionable items -> start conversations / garner commitment to change
- Acknowledge that we are the system + can change
- Implement small tests of change
- Assign a lead for each item
- Report back to MHCSS / ICM group
- Know what system planning tables exist + bring forward improvements to these tables, such as TAY, YSB, etc.
- Each organization needs to consider what they can take on / part they can play

4. Next Steps

Those who participated on Oct. 27th expressed a desire and commitment to make things better / do things differently for our at risk youth (aged 16 to 24) who are clients of intensive case managers in the Ottawa area. We will need to work with others to lead and / or support these changes. We need to strive to better meet the needs of our youth clients. For those improvements that are important to you, you could start conversation(s) with others who you think may also be interested / passionate. If you would like support in these conversations, please let Jane, Lisa, Melanie or Ruth know. We would also like to hear back from you about your conversations and any other steps taken, no matter how small. The core project team will be garnering support by sharing our work / findings with managers / leaders at various



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organizations / forums in the Ottawa area. We will report back to you about our conversations / progress before the end of this year. As always, we welcome your feedback and support.

5. List of Participants

Full Name	Title	Organization
Paula Archambault	Manager, The Regional Centre for the Treatment of Eating Disorders, Outpatient Services	The Ottawa Hospital
Ambika Arun	MHA Resident	Royal Ottawa Health Care Group
Katherine Baker	Lived Experience	Youth Services Bureau of Ottawa
Kevin Barclay	Senior Integration Specialist	Champlain LHIN
Elizabeth Bazinet	Nurse, First Episode Psychosis Program	The Ottawa Hospital - FEPP
Jessa Belair	Lived Experience	Youth Services Bureau of Ottawa
Nadia Blasutti	YOU-IT Intensive Case Manager	Youth Services Bureau of Ottawa
Melanie Caulfield	Project Manager	Pathways to Better Care
Gilles Charron	Coordinator for Transitional Mental Health Services for Youth	Children's Hospital of Eastern Ontario
Ruth Dulmage	Team Lead, Intensive Case Management	Youth Services Bureau of Ottawa
Jane Fjeld	Associate Executive Director	Youth Services Bureau of Ottawa
Alice Hutton	Facilitator	Pathways to Better Care
Pam Jackson	Director of Patient Care Services, Substance Use and Concurrent Disorders Program	Royal Ottawa Health Care Group
Dr. Judy Makinen	Psychologist, Youth Program	Royal Ottawa Health Care Group
Dylan McCorkell	Lived Experience	Youth Services Bureau of Ottawa
Lisa Medd	Program Manager	Canadian Mental Health Association - Ottawa
Katie O'Connell	Nurse, Outreach Program	Royal Ottawa Health Care Group
Sean Perrault	YOU-IT Intensive Case Manager	Youth Services Bureau of Ottawa
Sonja Prakash	YOU-IT Intensive Case Manager	Youth Services Bureau of Ottawa
Shannan Shaw	YOU-IT Intensive Case Manager	Youth Services Bureau of Ottawa
Nina Strang	Lived Experience	Youth Services Bureau of Ottawa
Kayla Sutton	Lived Experience	Youth Services Bureau of Ottawa
Melanie Winwood	Intake Worker	Family Services Ottawa

6. Acronyms

Acronym	Description
FEPP	First Episode Psychosis Program
ICM	Intensive Case Manager
LHIN	Local Health Integration Network
MH	Mental Health
MHCSS	Mental Health Community Support Services
TAY	Transitional Aged Youth
YSB	Youth Services Bureau
UCC	Urgent Care Clinic – The Ottawa Hospital



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7. Summary

