READ ME

There are 2 sheets included within this document:
1. List of Sub-Processes - includes process #, sub-process #, and name
2. Process Improvements - a listing waste, gaps, and opportunities identified during process mapping sessions

Process improvements are uniquely identified with a number, and reference the associated sub-process and step for which the improvement applies

When reviewing improvements it is beneficial to cross-reference the associated process map (separate PDF file)

Themes have been identified for each process improvement - which will be used to group + prioritize improvements

NOTE: Select 'Paper Size' Legal when printing PDF document

These improvements were 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 in Sept. 2015.

Process	Sub-Process	Name
1	N/A	Accessing Psychiatrist for Assessment, Treatment and Ongoing Monitoring
1	A	Identify Need
1	B	Discuss with Client
1	C	ED Visit / Referral
1	D	Assessment / Consult
1	E	Follow-up
2	N/A	Accessing Specialized Groups
2	A	Identify Goal with Client
2	B	Seek Out / Referral
2	C	Intake / Assessment
2	D	Attend Group
3	N/A	Accessing Long-Term Therapy (> 12 weeks)
3	A	Identify Goal with Client
3	B	Seek Out / Referral
3	C	Intake / Assessment
3	D	Attend Group

Acronyms	
CD	Concurrent Disorders
CMHA	Canadian Mental Health Association
DBT	Dialectical Behaviour Therapy
ED	Emergency Department
ICM	Intensive Case Manager
MH	Mental Health
OOARS	Ottawa Addictions Access and Referral Services
TOH	The Ottawa Hospital
UCC	Urgent Care Clinic (TOH)
YSB	Youth Services Bureau

#	Process	Sub-	Step	Type	Theme	Gr	Description
67	Long-Term	3B	9	Gap	Recovery	6	Wait lists serving the highest needs but the lower needs either become disengaged or situation worsens until they become high need
44	Specialized	2C	N/A	Opportunity	Youth-friendly	10	The shorter the process for accessing groups, the higher the likelihood of uptake / attendance of groups
48	Specialized	2C	1	Opportunity	Youth-friendly	10	Strict / non-flexible criteria for groups -> easier to reject than adapt to needs of youth. Can a more youth-friendly approach be taken?
82	Long-Term	3	N/A	Gap	Youth-friendly	10	Organization's mandate and their identified priority(ies) do not match what the priority(ies) / need(s) of the client
79	Long-Term	3	N/A	Gap	Pathways	5	Continuity of care disjointed through wait lists
43	Specialized	2B	N/A	Gap	Resources	8	Age - often very difficult around 18, programs up to 18 but may be refused because close to 18, but adult services not being offered
15	Psychiatry	1D	N/A	Gap	Family / Supporter	1	Psychiatrist would like to have some good background information before an appointment
16	Psychiatry	1D	1	Waste	Overprocessing	3	Need to repeat story -> can information not be provided to psychiatrist prior to appointment?
61	Long-Term	3B	9	Waste	Overprocessing	4	Refer to multiple agencies -> multiple wait lists -> to increase chance of getting access to therapy (sooner)
78	Long-Term	3	N/A	Gap	Resources	7	Many services not geared to needs - 'long-term' different definitions for each organization
85	Long-Term	3	N/A	Opportunity	Recovery	6	Suggest other options / resources whilst youth are waiting
12	Psychiatry	1C	8	Gap	Resources	7	Identified need for more Concurrent Disorders programs - need to treat both addictions and mental health issues together
14	Psychiatry	1D	N/A	Gap	Resources	7	More services need to cover both mental health and substance use at same time
84	Long-Term	3	N/A	Opportunity	Access	1	Start aligning concurrent access to different programs - it is already happening so let's formalize this -> central intake / assessment for MH
36	Specialized	2B	9	Waste	Overprocessing	3	May refer to multiple groups (just to access one) -> multiple waste lists
8	Psychiatry	1C	5	Waste	Overprocessing	3	Sometimes multiple referrals to both UCC + On Track
9	Psychiatry	1C	7	Waste	Overprocessing	3	Extra step required - appointment with family physician / nurse practitioner for them to submit referral to psychiatrist
20	Psychiatry	1D	3	Waste	Overprocessing	3	Multiple handoffs -> many changes to case notes -> broken telephone / information lost
49	Specialized	2C	1	Waste	Overprocessing	3	Have screening done by staff, so youth do not need to retell story (again)
63	Long-Term	3B	9	Waste	Overprocessing	4	Wait times change a lot - difficult to keep track of this
62	Long-Term	3B	9	Gap	Information	2	Incorrect information available about wait lists, even within same organization
68	Long-Term	3B	N/A	Gap	Pathways	5	Mismatch between getting access to organization vs needing access to a specific program / service -> client may not get what they need
69	Long-Term	3B	N/A	Waste	Overprocessing	4	Sometimes refer to agency to get in the door, but really need access to something else
83	Long-Term	3	N/A	Gap	Standardization	9	If everyone is an exception then there is something or everything not fitting
66	Long-Term	3B	9	Waste	Overprocessing	4	A lot if time is spent by ICMs negotiating extensions / access to service through personal connections. How can we change this?
26	Psychiatry	1	N/A	Gap	Pathways	5	A way to link youth to ongoing psychiatric care
55	Specialized	2D	1	Opportunity	Recovery	6	Need support 'after group' - 'opened a can of worms and need to close it'
56	Specialized	2D	1	Opportunity	Standardization	9	Do we have / should we have standards / core competencies for facilitators of groups?
10	Psychiatry	1C	7	Waste	Waiting	9	Long wait times / delays in accessing family physician / nurse practitioner for appointment
28	Specialized	2A	2	Gap	Information	2	Community blue-book not kept up-to-date -> can we get a manual of options available which is updated monthly / every 6 months?
46	Specialized	2C	N/A	Gap	Information	2	We do not know what the demand for groups are and how often people do not meet the criteria
34	Specialized	2B	9	Gap	Pathways	5	Refer to organization / not groups -> closed system, i.e. clients with Royal psychiatrist have access to groups for program psychiatrist is associated with
80	Long-Term	3	N/A	Gap	Pathways	5	Programs / services are available within an organization but you need to get into the organization (be their client) to access them
54	Specialized	2D	1	Gap	Recovery	6	How to identify best fit for a group and if group format will even work - step may be too late in the process
74	Long-Term	3C	N/A	Gap	Recovery	6	Clinician's needs / focus / approach may not align with organization's
76	Long-Term	3D	N/A	Gap	Recovery	6	"I feel you can not have services your whole life"
17	Psychiatry	1D	1	Waste	Waiting	9	Long wait if need to change psychiatrist -> client may still not / no longer be ready
21	Psychiatry	1D	3	Waste	Waiting	9	Takes 1 to 6 months for ICM to obtain copy of report -> why can a copy not be provided automatically, similar to Family Physician (instead of going through health records?)
71	Long-Term	3C	3	Waste	Waiting	9	If struggle too complex for organization's counselling, may seek alternative community provider -> long wait time / waste
52	Specialized	2C	4	Opportunity	Youth-friendly	10	Youth would like to meet other youth (participants / peers) in advance of first session - this will help ease transition into group
53	Specialized	2C	4	Opportunity	Youth-friendly	10	Youth may have to choose between one-on-one counsellor and attending group
65	Long-Term	3B	9	Opportunity	Access	1	Maybe some wriggle room around '15' session cap -> exception + not norm. How can we change this to better align to needs of youth?

#	Process	Sub-	Step	Type	Theme	Gr	Description
86	Long-Term	3	N/A	Opportunity	Access	1	Keep track of who does not get access to service - where do they go? How many are on multiple wait lists?
50	Specialized	2C	2	Opportunity	Best Practices	1	Is the screening for groups outcome based? What is the evidence around eligbility criteria?
59	Specialized	2	N/A	Gap	Best Practices	1	Need information / best practices about when DBT most appropriate, as relates to youth
7	Psychiatry	1C	3	Gap	Communication	1	Nurse -> psychiatrist interaction perceived different to ICM -> psychiatrist interaction - as speak same language
18	Psychiatry	1D	1	Gap	Education	1	Providing youth with an overview of what to expect and why psychiatrist is being offered before appointments, such as an ICM briefing
57	Specialized	2D	1	Waste	Human Potential	2	High turnover of facilators a challenge -> takes time to get new staff up-to-speed
75	Long-Term	3D	1	Waste	Human Potential	2	ICM may not be engaged in counselling - counsellor might feel they are irrelevant
29	Specialized	2A	2	Gap	Information	2	Not all organizations promote groups online / on website
30	Specialized	2A	2	Gap	Information	2	Having a knowledge base of what groups are available - even if these groups are not suitable or full
47	Specialized	2C	N/A	Gap	Information	2	How does the clinician triage the referral? Case manager, intake worker - what flexibility is available?
31	Specialized	2A	2	Waste	Overprocessing	3	It is a challenge for ICMs to get up-to-date information in regards to groups - as constantly changing / not published / details not known
38	Specialized	2B	7	Waste	Overprocessing	3	Access to CMHA outreach worker required to get access to DBT group
41	Specialized	2B	7	Waste	Overprocessing	3	DBT expensive resource, are other groups more appropriate?
60	Long-Term	3A	3	Waste	Overprocessing	4	May refer to "broader" counselling to get used to it, then refer to more specific counselling
1	Psychiatry	1C	N/A	Waste	Overproduction	4	Sometimes refer to psychiatrist for wrong reasons
2	Psychiatry	1C	N/A	Waste	Overproduction	4	Sometimes referral to psychiatrist is not appropriate and something else would better meet needs of client
11	Psychiatry	1C	7	Waste	Overproduction	4	How Family Physician completes referral is very important - will request medication review, just to get access to psychiatrist - may not be what youth wants
5	Psychiatry	1C	2	Gap	Pathways	5	What happens when UCC criteria not met + client needs access to psychiatrist?
24	Psychiatry	1	N/A	Gap	Pathways	5	Having opportunities to loop back to services when needed, even after a period of time
64	Long-Term	3B	9	Opportunity	Pathways	5	Pull favours / try to wiggle through the doors - access sometimes contingent upon relationships and exceptions. Would like clear pathways
81	Long-Term	3	N/A	Opportunity	Pathways	5	Having clear pathways not based on relationships and who knows who - but do not want to limit flexibility - there needs to be a balance
23	Psychiatry	1E	2	Opportunity	Recovery	6	More balance between medication and talk therapy
35	Specialized	2B	9	Gap	Recovery	6	May refer a client to a group which is not right fit, but is available now
73	Long-Term	3C	3	Gap	Recovery	6	Refusal of services because the case is too complex - but then don't get the specialized services needed
77	Long-Term	3D	N/A	Gap	Recovery	6	After 1st appt. differing approaches may come out in regards to harm reduction, etc. -> ICM / counsellor not aligned / supportive of each other's approach(es)
3	Psychiatry	1C	N/A	Gap	Resources	7	Youth not connected to an ICM may not be able to access psychiatrist
4	Psychiatry	1C	2	Gap	Resources	7	Clients visit ED as lack of community psychiatrists to meet needs
6	Psychiatry	1C	2	Gap	Resources	7	Sometimes youth may only have one visit to UCC
32	Specialized	2A	4	Gap	Resources	8	What happens when groups get too full?
33	Specialized	2B	6	Gap	Resources	8	ICM capacity / training in regards to DBT may limit their client's ability to access a DBT group
39	Specialized	2B	7	Gap	Resources	8	YSB ICM can no longer access DBT groups at CMHA-Ottawa
40	Specialized	2B	7	Gap	Resources	8	To access DBT at CMHA-Ottawa, youth needs access to CMHA-Ottawa Outreach Worker, which is limited to 6-9months, but group may last longer than this
42	Specialized	2B	N/A	Gap	Resources	8	No gender-specific / gender-neutral groups
45	Specialized	2C	N/A	Opportunity	Resources	8	Could we provide a central intake / assessment process for non-CD groups -> similar to OOARS?
58	Specialized	2D	1	Opportunity	Resources	8	Need more groups in other locations - not just downtown - which can be triggering for some clients
13	Psychiatry	1C	11	Waste	Waiting	9	Sometimes due to long wait time to see psychiatrist, youth no longer wants to see them -> missed opportunity
19	Psychiatry	1D	1	Waste	Waiting	9	Total volume of assessments for youth mental health court not manageable with 1 psychiatrist -> delays (> 30d exceeded) -> youth stay in custody too long
37	Specialized	2B	7	Waste	Waiting	9	Closed groups have long wait lists
72	Long-Term	3C	3	Waste	Waiting	9	Waiting to get a refusal and then have to go back to plan "B", e.g. 1.5 year of waiting / unwellness
22	Psychiatry	1D	3	Opportunity	Youth-friendly	10	Providing a youth-friendly summary from assessment which outlines recommendations and next steps
25	Psychiatry	1	N/A	Opportunity	Youth-friendly	10	Support youth-friendly approach, such as"meet me where I am at", "allow supports to come to appointments", ...
27	Psychiatry	1	N/A	Opportunity	Youth-friendly	10	Leverage what is working well - such as periodic reviews by outreach nurse with clients of youth psychiatrist

#	Process	Sub-	Step	Type	Theme	Gr	Description
51	Specialized	2C	2	Opportunity	Youth-friendly	10	Provide non-binary gender options on intake form
70	Long-Term	3C	2	Gap	Youth-friendly	10	If youth has other issues, organization dictates which issues should be worked on first
87	Long-Term	3	N/A	Opportunity	Youth-friendly	10	Counsellors / therapists learning how to better work with youth

#	Level	#	Toss	Import	Group with	Impact	Effort	Who	Next Steps / Notes
67	System	S1		6		High	High	Ruth, Melanie W, Shannon, Kathrine	System change required - to create additional long-term counselling services for TAY
44	Organizational	O1		5	48,82	Medium	Medium	Kayla, Katie, Judy, Kathrine	Rapid access early, pre-admission, open / continuous group, flexible admission criteria
48	Organizational	O1		(5)	44,82	Medium	Medium	See 44	See 44
82	Organizational	O1		(5)	44,48	Medium	Medium	See 44	See 44
79	System	S2		4		High	High		
43	System	S3		4		High	Medium	Kathrine, Kayla, Gilles	
15	Individual	I1		3	16	Medium	Medium-Low	Dylan	
16	Individual	I1		(3)	15	Medium	Medium-Low	See 15	
61	System	S4		3		High	Medium	Gilles	Centralized intake
78	System	S5		3		High	High	Jane, Ruth, Kathrine, Sonja	Long-term needs to mean long-term! Not 6-12 sessions!
85	System	S6		2		High	Medium		System change required - to create additional options or re-align what is available in system
12	System	S7		2	14,84	High	High	Nadia, Kathrine, Sonja	
14	System	S7		(2)	12,84	High	High	See 12	
84	System	S7		(2)	12,14	High	High	Pam	
36	System	S8		1	8,9,20,49	High	High	Lisa	
8	System	S8		(1)	9,20,36,49	High	High	See 36	
9	System	S8		(1)	8,20,36,49	Medium	Low	See 36	*When there is a history, previous assessment, or ICM/nurse collaboration already involved, etc.
20	System	S8		(1)	8,9,36,49	Medium	Medium	See 36	We understand the need for intakes but how do you make it youth-friendly and more seamless?
49	System	S8		(1)	8,9,20,36	Medium	Medium	See 36	
63	Organizational	O2		1	62	Medium	Low	Liz	
62	Organizational	O2		(1)	63	High	Medium	Kevin, Kayla	
68	Organizational-System	O3		1	69	High	Medium	Alice	Similar to 37 - evaluation of groups system-wide
69	Organizational	O3		(1)	68	Medium	Medium	Liz	
83	Organizational-System	S9		1	66	High	High	Jane	Criteria that actually applies to youth
66	Individual-System	S9		(1)	83				
26	Organizational	O4		1		High	High	Paula	Linked to 24 - having opportunities to loop back to services when needed…
55	Organizational	O5		1		High	Medium	Sean	
56	Individual-Organizational	I2		1				Shannon	
10	Organizational-System	S10		1		High	High	Jessa, Ruth	
28			yes						
46			yes						
34			yes						Similar to 68
80			yes						Similar to 68
54			yes						
74			yes						
76			yes						
17			yes						Similar to 13
21			yes						Mel->Royal fu
71			yes						Similar to others
52			yes						
53			yes						
65	Organizational-System					High	Medium	Ruth	More funding!

#	Level	#	Toss	Import	Group with	Impact	Effort	Who	Next Steps / Notes
86	Organizational-System					High	Medium		With centralized wait-list + assessment, this would not be an issue
50	Organizational					High	Medium-Low	Pam	
59	Individual					Medium-Low	Low		
7	Organizational								
18	Individual								
57	Organizational								
75	Organizational								
29	Organizational								
30	Individual								
47	Individual								
31	Organizational-System								
38	Organizational								
41	System								
60	Organizational								
1	Individual								
2	Individual								
11	Individual								
5	Individual								Includes income assessment
24	Organizational-System								
64	Individual-Organizational-System				81				
81	Individual-Organizational-System				64				
23	Individual-Organizational-System					High	High	Ruth	More options for talk therapy vs psychiatry
35	Individual-Organizational-System					Medium	Low		Organizations open up groups to clients of other organizations, may also involve ind + system changes
73	Organizational-System					High	Medium	Ruth, Dylan	
77	Individual-Organizational					High	Low		
3	Organizational								
4	System								
6	Organizational								
32	Organizational								
33	Organizational							Nadia	
39	Organizational-System								
40	Organizational								
42	Organizational							Nadia, Nina	
45	System							Liz, Melanie W	
58	Organizational							Nadia	
13	Organizational								Similar to 17
19	Organizational-System								
37	System								Need system evaluation of effectiveness of groups. Resource issue - may toss unless infusion of new
72	Organizational-System								
22	Individual								
25	Individual								
27	Organizational								

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51	Organizational								
70	System								
87	Organizational								