READ ME

There are 3 process maps included within this document:

- 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'

Each process has a high-level process map, e.g. 1. Accessing Psychiatrist (page 2) and sub-process maps for each of the steps in the high-level process map, e.g. 1A. Identify Need (page 3)

Each high-level process map includes a legend listing acronyms and symbols used in subsequent maps

Sub-process maps include swim lanes which group steps by role, which is listed on the left-hand side

Process maps include process steps (green rectangle), decision points (blue triangle), client experience (yellow rectangle), and variation across organization (orange rectangle)

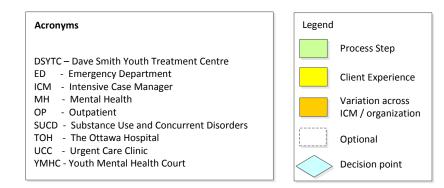
Each process step is numbered, optional steps have dashed lines

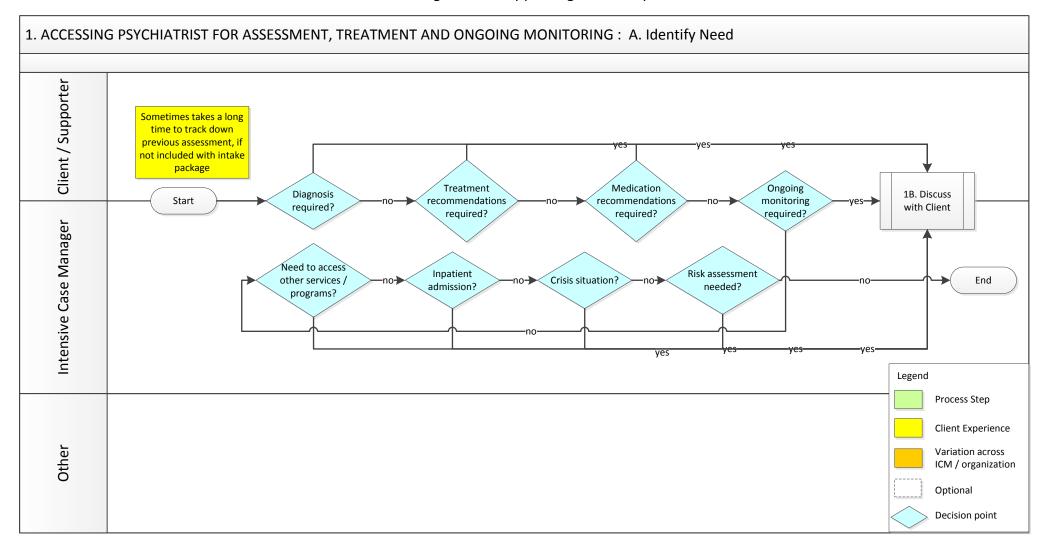
Process improvements – waste, gaps, and opportunities - have been documented in a separate PDF file – which should be reviewed whilst referencing these process maps

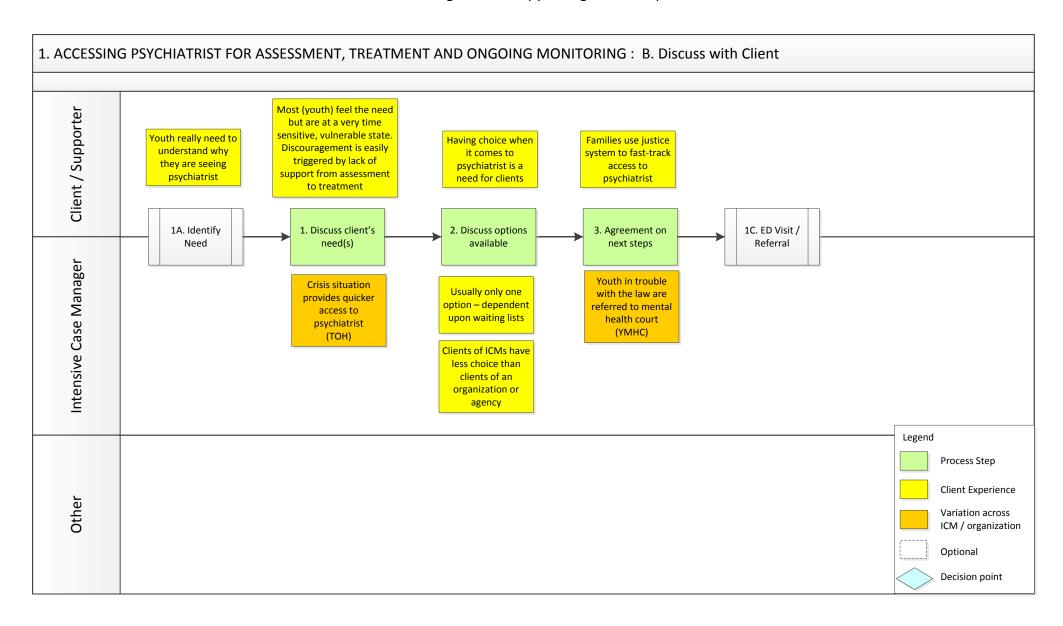
These maps were developed collaboratively by youth with lived experience, front-line clinicians, administrators, and others who support at risk youth (aged 16 to 24) with a diagnosis of Severe Mental Illness and / or symptomatic signs of mental illness who are struggling with substance abuse and experiencing housing instability and are clients of intensive case managers in the Ottawa area in Sept. 2015.

1. Accessing Psychiatrist for Assessment, Treatment, and Ongoing Monitoring High-Level Process Map









Intensive Case Management - Supporting Better Impacts with Clients 1. ACCESSING PSYCHIATRIST FOR ASSESSMENT, TREATMENT AND ONGOING MONITORING: C. ED Visit / Referral In ED, youth will ask outh sometimes need What they need to do If client alone, may to over-emphasize to access services?" not get UCC referral symptoms to get 2. Obtain referral to Supporter access in ED -> requires advocacy Outreach nurse will Sometimes client Client / 1. Go to ED **Urgent Consultation** not setup appt. until can not be Clinic (UCC) Waiting for a (TOH) paperwork tracked contacted with Sometimes client referral causes (4-6 visits) down appt. details does not have anxiety / things family physician / change / took too 3. Talk to / meet nurse practitioner 1D. 4. Obtain referral to long 1B. Discuss with Outreach Youth Psychiatrist 12. Appt. confirmed Assessment / with Client Nurse (consult only) Consult (>1 times) **Community services** 4wk wait for psychiatrist, discrimination Symptoms of Submit referral to 2wk wait for nurse based on parents Psychosis? On Track Intensive Case Manager (On Track) status with the law, previous services or the potential Primary care may patient or past delay referral, 6. Find / link to 7. Meet, with Family 10. Submit referral Family Physician) dealings with such because they want Family Physician / Physician / Nurse to Royal OP Nurse Practitioner? patient / willingness to try medications **Nurse Practitioner** Practitioner Program to help themselves, first Different treatment based on this 8. Submit referral to Substance behaviour SUCD Program, use? Royal or DSYTC 9. Find Community Other? **Psychiatrist** Outpatient / Community) More adult focused, Assistant Admin multiple steps to ▶ 11. Appt. confirmed access service Legend (SUCD Program) **Process Step** Client Experience Variation across Psychiatric services May provide available to residential and support to client ICM / organization Other

continuing care clients

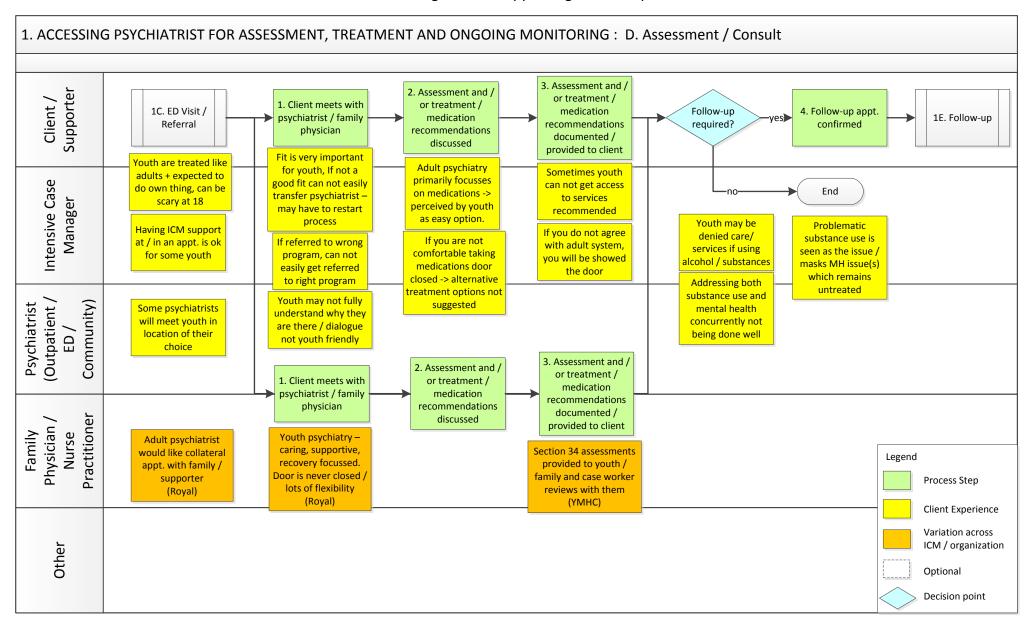
(DSYTC)

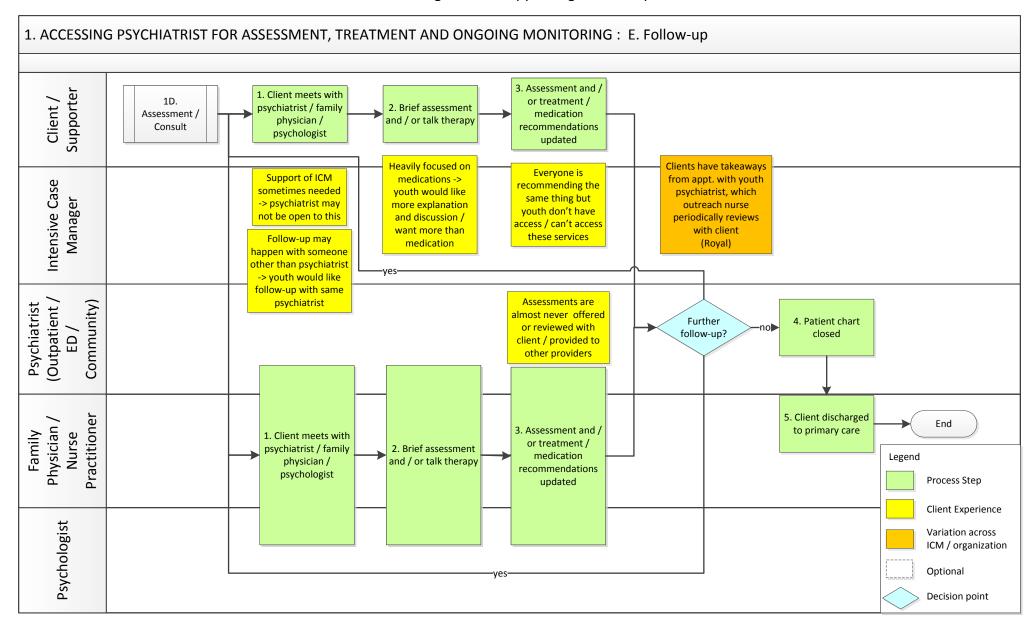
whilst waiting

(Outreach Nurse)

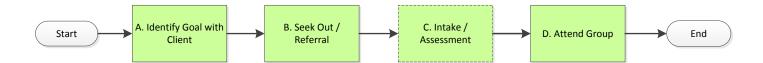
Optional

Decision point





2. Accessing Specialized Groups, such as DBT High-Level Process Map



Acronyms

CD - Concurrent Disorders

CHC - Community Health Centre

CHEO - Children's Hospital of Eastern Ontario

CMHA - Canadian Mental Health Association

DBT - Dialectical Behaviour Therapy

ICM - Intensive Case Manager

MF - Maison Fraternité

OOARS – Ottawa Addictions Access and Referral Services

OCD - Obsessive-Compulsive Disorder

PTSD - Post-Traumatic Stress Disorder

SHCHC - Sandy Hill Community Health Centre

SMART – Self Management and Recovery Training

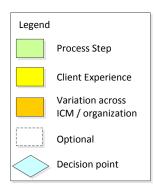
TAY - Transitional Aged Youth

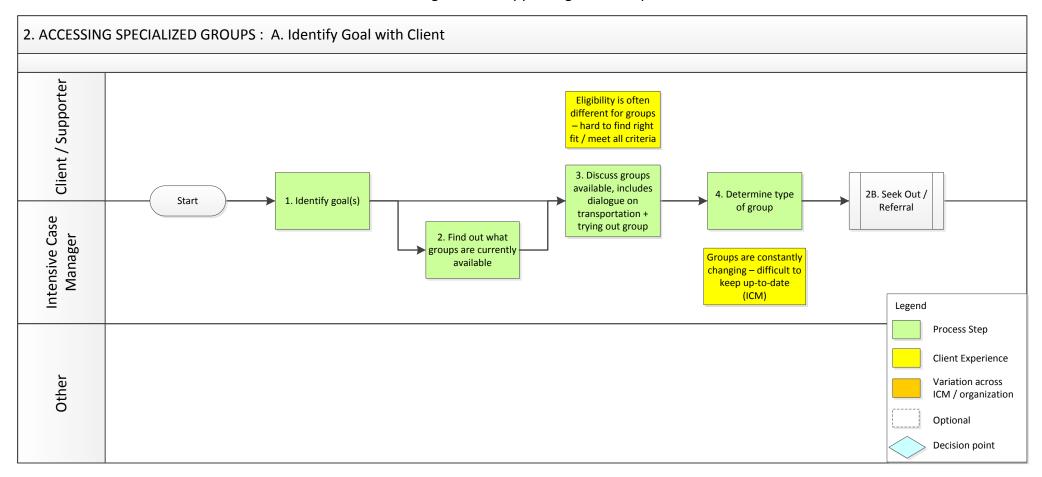
TOH - The Ottawa Hospital

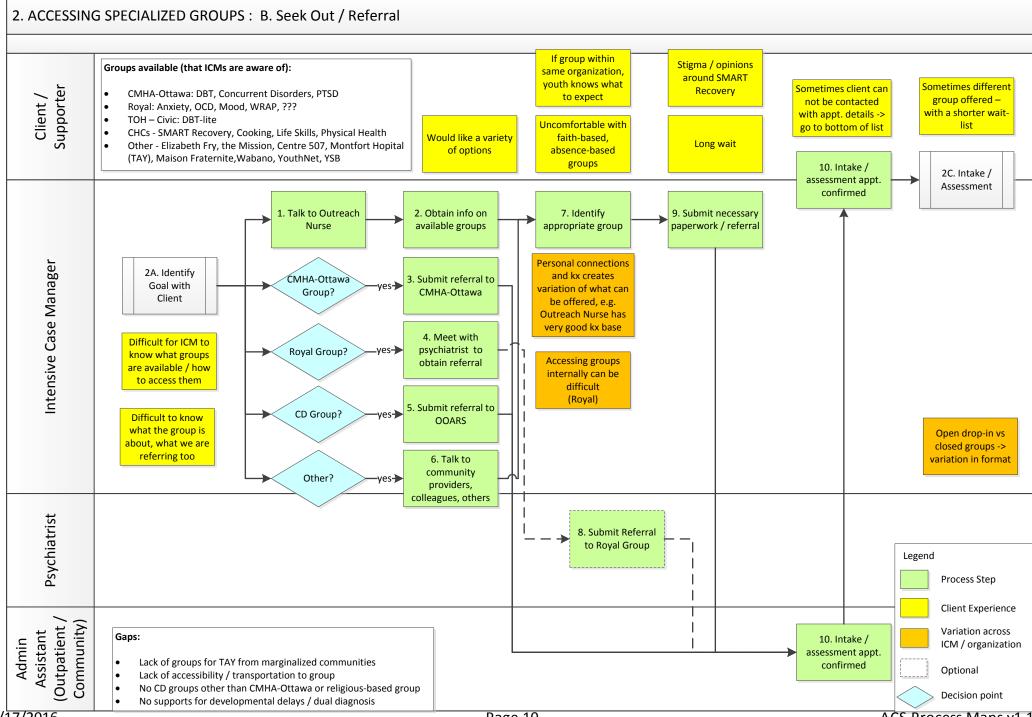
WRAP - Wellness Recovery Action Plan

YMHC – Youth Mental Health Court

YSB - Youth Services Bureau



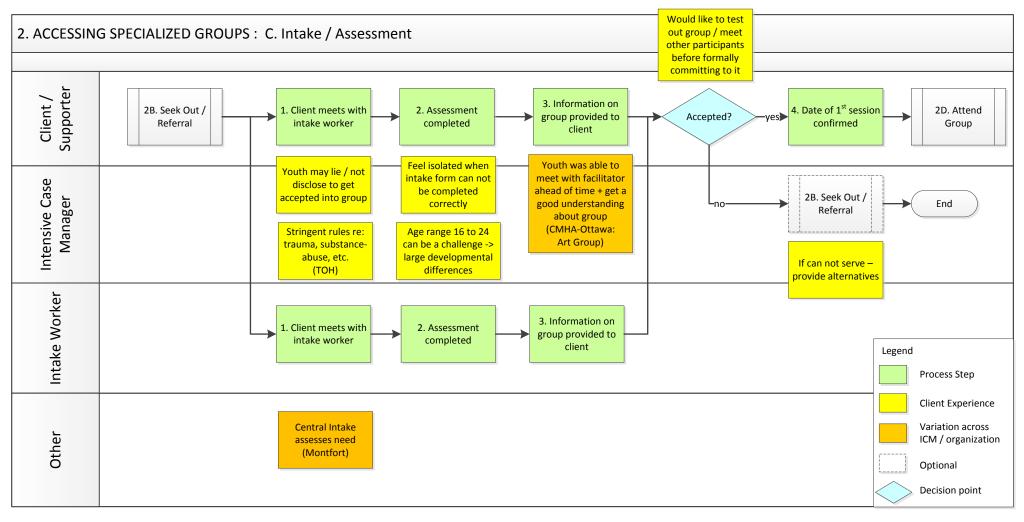


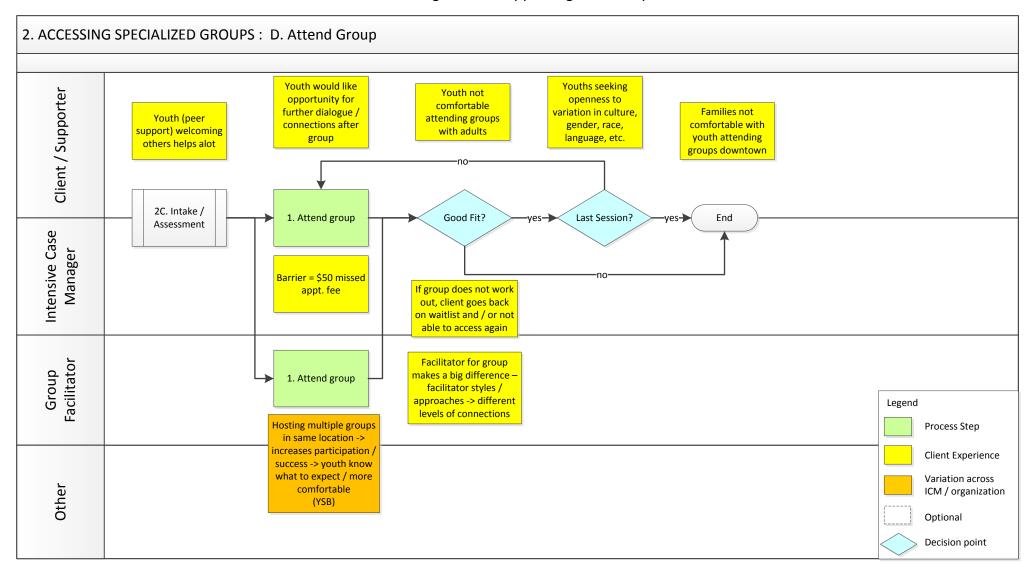


| 2. ACCESSING SPECIALIZED GROUPS: B. Seek Out / Referral – Groups Available | | | | |
|--|--|--|--|--|
| Concurrent | OOARS performs intake / assessment for referrals to CD groups Ouick access / working well School-based clients can be referred directly to addiction specific programming* | | | |
| Dialectical Behaviour Therapy | DBT groups provided at CHEO, CMHA-Ottawa (multiple), Royal, SHCHC, TOH DBT groups can be very different DBT groups can be very different Often need to be seeing / have counsellor / psychologist to attend DBT group To access DBT need Outreach Worker (2yr wait) for 6-9 months service -> group should be taken 2x -> longer than can access service (CMHA-Ottawa) | | | |
| Legal / Court | Work closely with partners to provide access to youth-specific groups (YMHC) Provides groups for women in conflict with the law / can adapt based on need (Elizabeth Fry) | | | |
| Aboriginal | Sisters in Recovery - > youth paired with senior (Wabano) Circles established to meet needs -> adaptable / removing the box (Wabano) | Legend Process Step | | |
| Francophone | Receives referrals from CHEO (Montfort) Good fit / high attendance Open groups are helpful / provide good support Francophone school-based clients can be referred directly to MF CD groups* (MF) | Client Experience Variation across ICM / organization Optional Decision point | | |

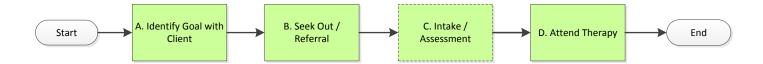
* Note: revised Feb. 17th 2016 with input from Maison Fraternité

Intensive Case Management - Supporting Better Impacts with Clients





3. Accessing Long-Term Therapy High-Level Process Map



Definition (as defined by youth)

Long-term – service which can be accessed as long as needed, with no cap on number of sessions

Acronyns

CHC - Community Health Centre

CMHA - Canadian Mental Health Association

DSYTC - Dave Smith Youth Treatment Centre

FEPP - First Episode Psychosis Program (On Track)

FP - Family Physician

FSO - Family Services Ottawa

ICM - Intensive Case Manager

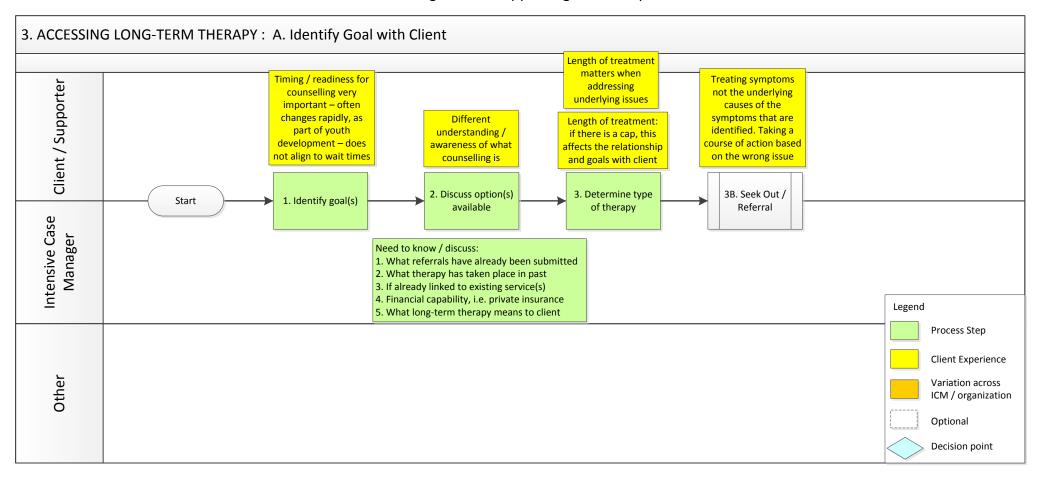
INAC - Indian and Northern Affairs Canada

UOHS - University of Ottawa Health Services

YMHC – Youth Mental Health Court

YSB - Youth Services Bureau





Intensive Case Management - Supporting Better Impacts with Clients Community 3. ACCESSING LONG-TERM THERAPY: B. Seek Out / Referral partnerships are very important – different wait lists depending ven if parent(s) have Hard to know you upon referring agency Wait lists make private insurance, are reaching out youth seek youth feel and always ending Sometimes client Supporter autonomy / may not unimportant Client / <mark>up on bottom of list</mark> can not be want parents to know Depends on the time contacted with of calendar year, how Very long wait / may appt. details Some issues with Maybe separate Not many options much you can access age out of service while names of some wait list for intake for high school before you max out waiting / may become services, i.e. assessment appt. students 12. Intake / private insurance unwell / less engaged religious based assessment or counselling appt. confirmed 10. Submit 1. Call around to 9. Request client to Family 3C. Intake / agencies with youth necessary Involvement? be added to waitlist Assessment & family counselling paperwork 2. Call around to private Private 3A. Identify Intensive Case Manager services & request Goal with Insurance? opportunities for sliding Client (cap) scale clients yes Intake / 3. Call around to assessment Student? 'yes agencies who **Aboriginal** required? accept students descent, with "status"? 4. Call around to yes agencies who Substance use? accept clients with no substance-use 8. Apply for INAC 3D. Attend funding (no cap) 5. Call around to Therapy rouble with agencies who work 7. Call around to law? with those in remaining agencies trouble with the law 6. Request Other? Royal psychiatrist submit 11. Submit Referral **Psychiatrist** psychiatrist? referral to for one-to-one counselling at Royal counselling at Royal Legend **Process Step** Client Experience Gaps: 12. Intake / Outpatient, Community) Variation across Assistant Cost – even if sliding scale can be barrier if not free assessment or Admin ICM / organization Lack of counselling supportive of individuals with different gender identities, sexualities, culture counselling appt. Lack of male-identified counsellors confirmed Optional Overall lack of opportunities for long-term counselling Specialized support / counselling not available for complex cases Decision point Youth Services Bureau services limited to clients 17 + under

| 3. ACCESSING LONG-TERM THERAPY: B. Seek Out / Referral – Therapy Available | | | | |
|--|---|---|--|--|
| Substance Abuse | from community therapy, outpatients date | Long-term therapy available: Long-term therapy available: | | |
| Private / Sliding Scale | Self-referral / client calls. No cap on services (FSO) | Minwaashin Lodge, Wabano (no cap) – Aboriginal Ottawa Community Immigration Services Organization – immigrant / refuge Rideauwood Addiction & Family Services – substance-abuse Sandy Hill CHC Addiction Services – substance-abuse [15 sessions] University of Ottawa Health Services – must be rostered with FHT family physician Youth Services Bureau of Ottawa- youth & families [5-7 sessions] | | |
| Student | | nally may make eptions to cap (UOHS) | | |
| Aboriginal | No cap on services, form circles as needed (Wabano) Transition youth from DSYTC program(s) back into circle (Wabano) | | | |
| Legal / Court | change – maybe more anger management EI | dites access to izabeth Fry Legend Process Step Client Experience | | |
| Other | to client who oversees access to all services clien | Variation across ICM / organization th 1 st -> some tts may never get access (YSB) Variation across ICM / organization Optional Decision point | | |

