

No Wait? Yes Way!



**Canadian Mental
Health Association**
Halton Region Branch
Mental health for all



REDESIGNING CASE MANAGEMENT TO REDUCE WAIT TIMES

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System Change

- In early 2017, centralized intake/referral data (one-Link) demonstrated that a large proportion of people coming through their doors required services at **LOCUS Level 3 – High Intensity Community Services**.
- It was also apparent that there could be long waits for services at this level of intensity.

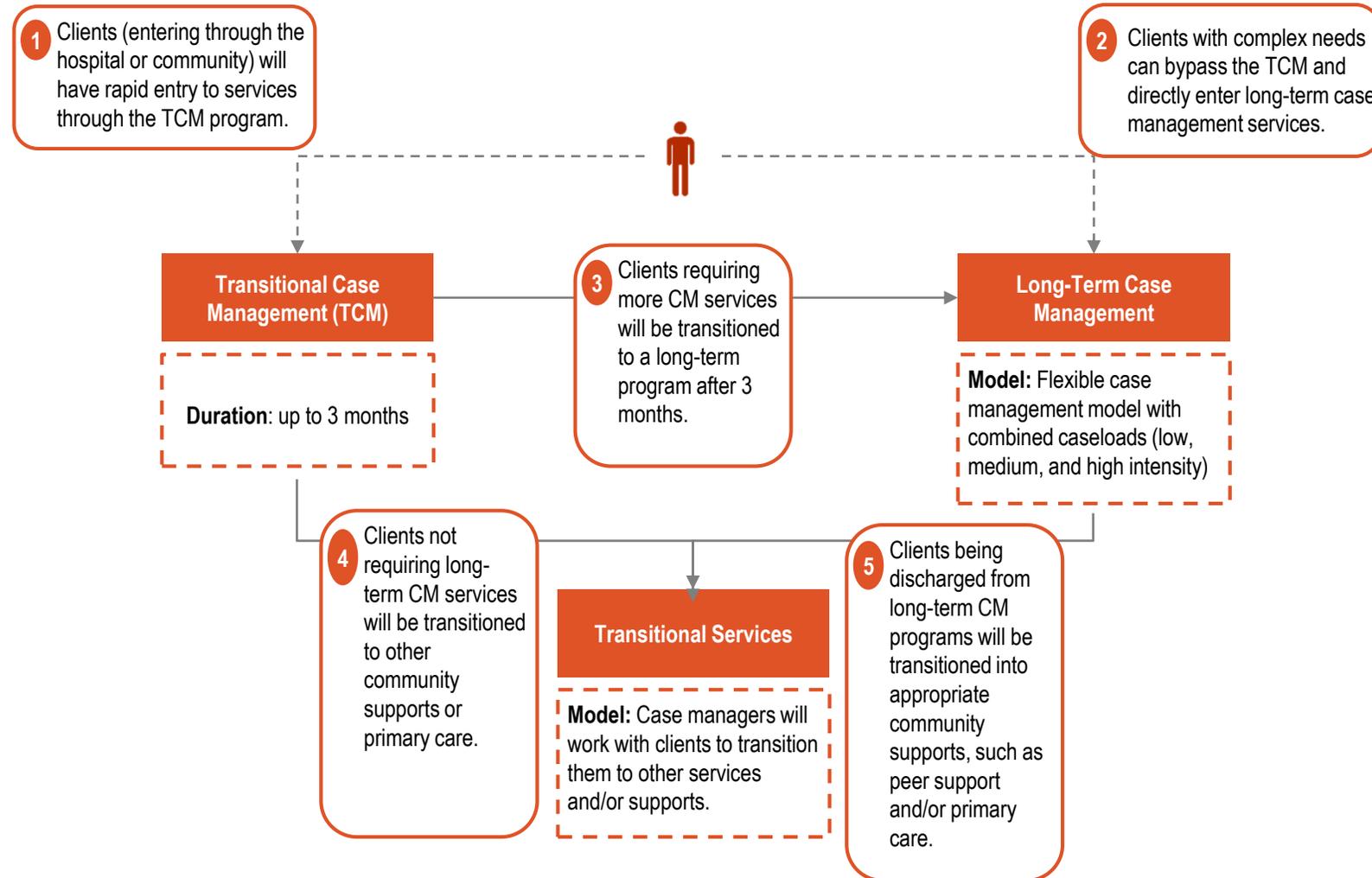


Phased Planning



- **Phase 1: Current State Analysis**
- **Phase 2: Jurisdictional Review**
- **Phase 3: Case Management Redesign & Model**

Case Management Model Redesign



The “Before” at CMHA Halton Region Branch...

- 2 separate case management programs: the Community Support Program (CSP) for people with mental health problems and the Community Concurrent Disorders Program (CCDP) for people with concurrent disorders.
- Support provided for 6 to 12 months but sometimes up to 2 years depending on client needs.

Referrals

- Made through a local centralized referral source called oneLink who completes the LOCUS (Level of Care Utilization System) tool to identify each person's level of need and makes referrals to the appropriate service providers.

So why change?

- The LHIN's audit identified opportunities for quality improvement.
- While decreasing wait times was not mandatory, we seized the opportunity make changes to support clients more quickly.

So why change?

- Many clients who had been on our waitlist were no longer interested in service when their turn came because they had already found support elsewhere or their needs had significantly decreased or increased and other services were more appropriate.
- We had previously worked on reducing wait times by creating an additional position for intake and phoning all clients on the waitlist to assess immediate needs. Neither was ideal for staff (too taxing) or clients (had to share their history with more than one person).

Risks of Waitlists

- Worsening of client condition
- Use of more intensive and expensive services
- Client and family dissatisfaction, frustration, and strain
- Stalling of recovery
- Missed windows of opportunity, particularly for addictions support
- Greater potential for administrative errors given the larger amount of data to manage

Transformation...

- Our 2 case management programs have been merged into a single transitional case management program with 12 Case Managers.
- Clients receive support up to 3 to 5 times a week for up to 3 months.
- Case Managers each have a caseload of 15 clients and receive new client assignments weekly as needed. Referrals continue to be provided by oneLink.

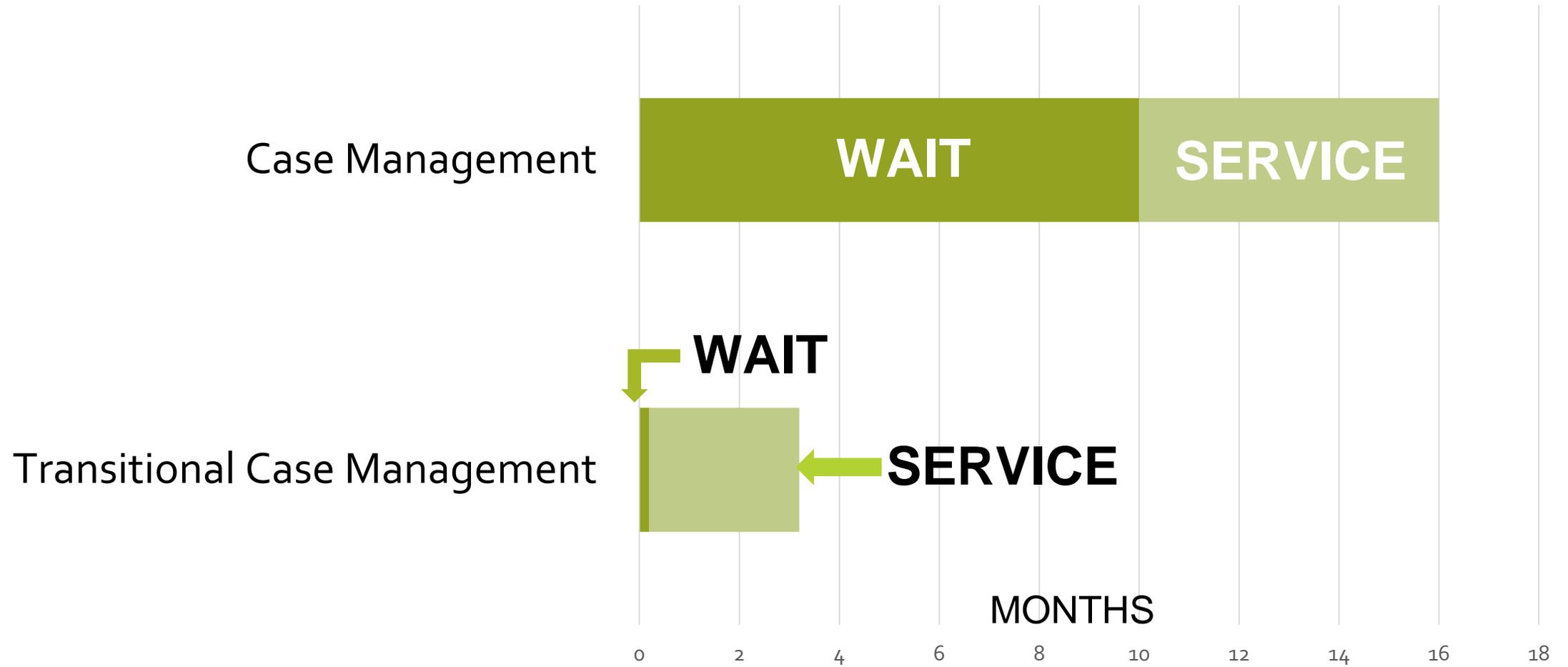
Transformation...

- We balance low, medium, and high LOCUS scores on caseloads and consider staff expertise when making assignments.
- The Manager of Case Management Services monitors and manages caseloads.
- Case Managers use the Ontario Common Assessment of Need (OCAN) screening tool to determine and prioritize client needs.

Transformation...

- If clients require ongoing support after 3 months, they may be re-referred to longer term case management services within the region or Case Managers have the option of extending service. Each Case Manager can have up to 5 longer-term clients.
- Requests for mental health/addictions crisis support are processed directly by CMHA rather than oneLink. Crisis referrals can come from any source as long as the client agrees to the service, and support is provided by a specialized crisis team.

Case Management vs. Transitional Case Management Models



When and How?

February 2018

- LHIN audit completed and report released
- CMHA prioritizes reducing the case management waitlist

March 2018

- CMHA transitional case management model developed

When and How?

March to May 2018

- Transformation Committee consisting of representatives from each case management team forms to map client pathways and provide input on challenges, timelines, and the new case management model

April 2018

- Changes are discussed with entire case management staff team

When and How?

June 2018

- Length of service for new clients becomes 3 months

June to August 2018

- Case Management teams are prepped to provide transitional case management, including training on the LOCUS tool, concurrent disorders, service planning, and benchmarking

When and How?

September 2018

- LHIN approval given to merge 2 case management teams into a single team with a single referral process
- All Case Managers are assigned 5 new clients to contact by the end of October
- Case Managers have room on their caseloads open up as longer-term clients are discharged
- ***Waitlist is cut in half***

When and How?

October 2018

- Manager of Case Management Services meets with all Case Managers to prepare for the transition of their full caseload
- Case Managers begin receiving new client assignments weekly (minimum 4 per month)
- Case Managers are offered additional training opportunities (e.g. trauma training, concurrent disorders, etc.)

When and How?

October 2018

- Case Managers are provided with a service delivery flowchart and sample service timeline to assist with change management
- Two previous case management programs merged and renamed “Transitional Case Management”
- Change is communicated to stakeholders
- Throughout the fall, the Manager of Case Management Services regularly meets with staff to monitor caseloads and provide support

When and How?

February 2019

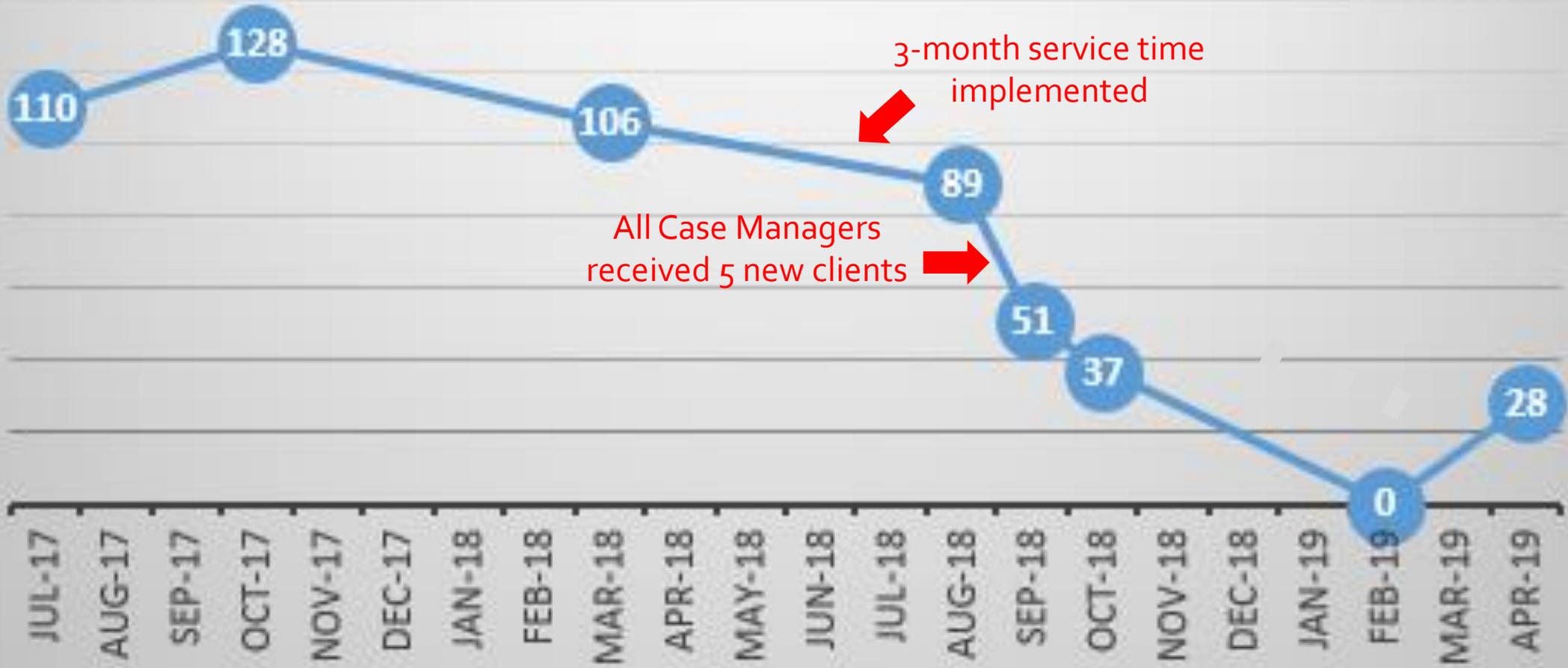
- *Zero wait achieved*
- Analysis of change shows:
 - Referrals from all sources have increased
 - Waitlist is highly sensitive to staff absences and caseload complexity
- Waitlist then begins to grow

When and How?

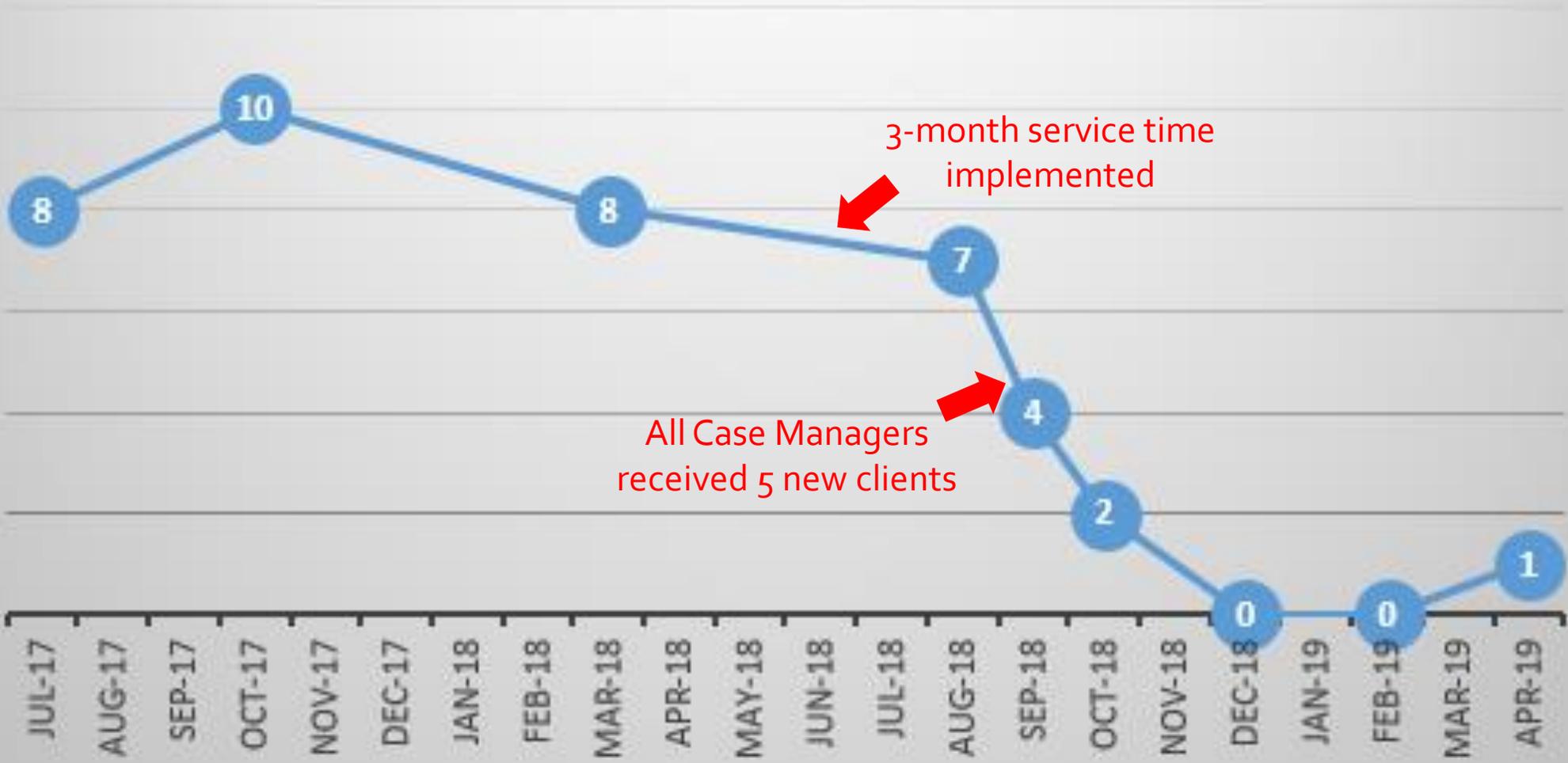
March and April 2019

- Several staff trained as Lean Six Sigma Green Belts to further analyze and improve processes by identifying bottlenecks and other challenges to waitlist management

of Clients Waiting for CMHA Case Management



Average Wait for CMHA Case Management (in months)



3-month service time implemented

All Case Managers received 5 new clients

Next Steps

- Apply the Lean Six Sigma Methodology and work with funders, partners, and stakeholders to control the transformation of case management services and related waitlist management
- Re-evaluate resources, barriers, and achievable targets
- Explore tools to analyze and communicate data, including flowcharts, process maps, and visual management tools

THOUGHTS FROM THE FRONT LINE

“Business as usual with compressed service delivery”

- Clients able to adjust expectations and prioritize needs to the 3-month time frame.
- Meeting frequency is adjusted based on client needs.
- Client isn't burdened with too many assessments.
- Assessment of readiness for service is more immediate.
- Referrals to other services are done in the first month of service, sooner than before.
- The case management audit offers opportunities for service providers to collaborate more efficiently.

THOUGHTS FROM MANAGEMENT

How Staff is Supported by Management

- Importance of “why”
- Flowchart of possible path through Case Management
- Regular review of caseloads during supervision
- Staff survey

Staff Survey Results

- What do you think went well?
 - Communicated far in advance of the transition
 - Management was open to discussing questions and concerns
 - Were able to decrease the wait list and get to clients faster
 - Provided options to not take a client depending on current caseload
- What could the agency have done better?
 - Staff input was sought but not valued because decisions had been made already
 - More training for staff in regards to increasing their capacity with concurrent disorders
 - Combining of CSP and CCDP doesn't reflect that case managers have different skills/talents/strengths in some areas more than others, have lived experience that can be more helpful in some areas than others
 - Some case managers have more of an interest in mental health or addictions and this may affect job satisfaction

Survey Results cont'd

- With the target of 3 months what has the impact been on your workload?
 - Many respondents did not feel it has impacted their work
 - One responded that they like being able to have a mix of a few long term clients with the transitional model
 - One responded that this model isn't reflective of the complexity of the needs of our clients and they frequently work with clients longer than three months with consultation with management
- How has this impacted your service delivery?
 - Mix of answers from "continuing to feel good about my service delivery" to "can't work with individuals as long as I would like"
 - One answered that they feel that this model has improved their accountability and consistency

Survey Results cont'd

- Suggestions for continued improvement?
 - Seeking client feedback more regularly
 - Continued training (type not specified)
 - Assigning clients based on the expertise of the case manager
 - Being mindful of the acuity of the caseload as a whole
 - Development of a longer term case management program
- Has this impacted your job satisfaction and if so, how?
 - Several indicated that they have decreased job satisfaction but that this change was not the cause
 - Two commented on the fact that they feel they spend more time trying to connect with individuals to initiate service

Survey Results cont'd

- What has the impact been of merging the two teams?
 - Overall responses were positive and people enjoyed the collaboration with individuals from different fields and areas of expertise and getting to know staff they previously didn't work closely with
 - One indicated that they felt isolated, they miss their original team and feel less specialized
 - One indicated that it can be stressful to be expected to "do it all"
- With the shortened wait time have you noticed an decrease in the number of clients who are either not able to be reached or who decline service?
 - 60% said no and 40% said yes

Questions?

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