Increasing Operational Efficiency... What Does That Mean and How Do We Start?
THE CHALLENGE

Kids are waiting too long to access the mental health services they need.

Demand for mental health services

Minimal funding increases

Wait Times
ABOUT CAPITALIZE FOR KIDS

We build capacity for kids’ mental health service providers.

By combining consulting and implementation funding, Capitalize for Kids builds capacity with mental health service providers across Canada.

Consulting
Through partnerships with top consulting firms and our own internal resources, we provide pro-bono strategic guidance and implementation support to build capacity for mental health service providers.

Funding
We provide seed funding to beneficiaries to implement solutions designed through our Consulting work.
We have developed a Theory of Change that informs how we choose projects and measure outcomes.

Capitalize for Kids’ Theory of Change

COMMUNITY IMPACT OUTCOMES

- Improve Health Outcomes for Kids
- Create Economic Value for Canada

Target Outcomes

- Improving operational effectiveness
- Creating economic value for Canada
- Improving health outcomes for kids

Tactical Project Indicators

- Quality of Service
- Cost per Child Supported
- Volume of Kids Supported

Strategic Project Indicators

- Operational Effectiveness
TRENDS IN MENTAL HEALTH

With increasing demand for services, service providers are struggling to keep up across Canada. Here are a few trends we’ve encountered...

Trends in Mental Health Needs

• **More Complex Needs** – The demand on the system to adapt to the needs of more diverse populations is growing.

• **Increased Demand, No Money** – As a result of great advocacy, more people are accessing services. Funding is not proportional.

• **Digital Services** – New digital solutions present incredible opportunity. Risk, uncertainty and skillset is slowing adoption.

• **Fragmentation** – There is minimal coordination between services across the mental health system.

• **Accessing Services** – Barriers such as geography and work obligations prevent a parent from getting their child to care.

Trends in Mental Health Service Provider Strategy

• **Advertising vs. Service Capacity** – Service providers want more people to know about their programs, but this leads to more people on the waitlist.

• **Prioritizing Efforts** – Great strategies are often built without a focus on sound rationale for prioritization.

• **Using Data** – Knowing what data to gather and how to use it is hard and time consuming.

• **Change is Hard** – Even if you have the best case for change, it won’t happen unless it is motivated, incentivized, and constantly communicated.

• **Implementing New Ideas** – Innovations in mental health have often come with a disconnect between the innovator and the end-user.
IDENTIFY OPPORTUNITIES
Identify the right problems you need to focus on today.

DESIGN SOLUTIONS
Co-create solutions with the end-users.

IMPLEMENT
Pilot and implement with strong change management principles built in.

SHARE RESULTS
Tell your stakeholders and end-users about what was achieved and celebrate it!

A METHODOICAL APPROACH TO PROBLEM SOLVING

To solve tough problems, it’s critical to think about the entire process from identifying an opportunity all the way through to sharing outcomes of the solution.
What opportunities do you have to better serve your community?

What is the potential impact of each opportunity?

Which opportunities require external support?

Select Project Opportunities

- Opportunity
- Desired Outcome

- Opportunity
- Desired Outcome

- Opportunity
- Desired Outcome

We run a series of workshops to distill all opportunities to build capacity down to the most impactful ones that will enable longer term strategic priorities.
EXAMPLE WORKSHOP OUTCOME - WAIT TIME ROADMAP

Get Clients to the Right Place

Multiple Waitlists for Intensive Care

Tracking Kids in the System

Waitlist Duplication

Families Shift Needs

Transition from Kids to Youth System

Wrong Services

Local Service Availability

Clients Returning for Services

Access the Hardest to Reach Clients

System Clogged with ‘Worried Well’

Diversity Data

Out of Scope

Messaging

Waitlist Beyond Referrals

Uneven Wait Times Between Services

Staff Retention

Serving Ethnic Diversity

Increase Program Efficacy

Referrals

Referrals of Disengaged Families

Child Welfare Referrals

School Board Referrals

Clinician Utilization

Unnecessary Documentation

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Unnecessary Documentation
## CASE STUDY #1
The George Hull Centre for Children and Families

Reducing appointment no-shows and report-writing time was a key driver of reducing George Hull’s wait times from one year to four months.

<table>
<thead>
<tr>
<th><strong>Opportunity</strong></th>
<th>13.5% of clients cancelling at the last minute or not showing up</th>
<th>Dramatic variance in report-writing times by clinicians</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Solution</strong></td>
<td>Implement cloud-based appointment reminder and calendar system</td>
<td>Analysis of what drives report-writing times and implementation of changes based on data-informed insights</td>
</tr>
<tr>
<td><strong>Impact</strong></td>
<td>✓ 450 appointments annually used more effectively</td>
<td>✓ 300 hours saved annually and redeployed to the front lines</td>
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<td></td>
<td>✓ $120,000 value created annually</td>
<td>✓ Lowest number of reports past due date ever</td>
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<td></td>
<td>✓ 800% return on investment</td>
<td>✓ Higher staff morale</td>
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CASE STUDY #2
Yorktown Family Services

Reducing administrative burden from HR and Finance operations.

Opportunity
Significant time waste on manual HR and finance operations

Solution
Streamline processes and implement a cloud-based HR and finance system to automate functions.

Impact
✓ 1,000 fewer hours spent on admin annually to be redeployed to the front-lines and other value-add activities
✓ Centralized HR and Finance data
✓ Increased staff morale

Modernize Infrastructure
QUESTIONS?
APPENDIX
HOW CAPITALIZE FOR KIDS CHOOSES PARTNERS

We look for three key things for organizations to be considered for a partnership...

1. **Size** – Organizations that have a $5MM - $30MM operating budget.

2. **Collaboration** – We look for organizations with a track record of strong partnerships and collaborations to achieve outcomes.

3. **Evolution** – Organizations who continue to evolve, make tough decisions and change their practice based on emerging research, trends and opportunities.
## APPENDIX

### INDICATOR DRIVERS

**WE TARGET SPECIFIC DRIVERS TO ENSURE WE KNOW EXACTLY HOW WE WILL DELIVER IMPACT**

<table>
<thead>
<tr>
<th>Strategic Project Drivers</th>
<th>Operational Effectiveness</th>
<th>Tactical Project Drivers</th>
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<tbody>
<tr>
<td></td>
<td>Time saved from more efficient organizational processes</td>
<td>Reduction of staff time spent on administrative activities for each client</td>
</tr>
<tr>
<td></td>
<td>Time saved from more efficient tools and technologies</td>
<td>Reduction of missed appointments</td>
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<tr>
<td></td>
<td>Improved ability to deliver on organizational goals and mandate</td>
<td>Reduction of the cost of physical space</td>
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<tr>
<th>Volume of Kids Supported</th>
<th>Increase in the number of unique kids served</th>
<th>More efficient triage to less cost-intensive services</th>
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<tr>
<td></td>
<td>Reduction of waitlist time</td>
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<table>
<thead>
<tr>
<th>Cost per Child Supported</th>
<th>Reduction of cost per appointment</th>
<th>Reduction of unnecessary appointments</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Reduction of the number of appointments required</td>
<td>Effective transition of clients out of services</td>
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<tr>
<td></td>
<td></td>
<td>More efficient triage to the right services for the right kids at the right time</td>
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<th>Quality of Service Provided</th>
<th>Improved client experience</th>
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<tr>
<td></td>
<td>Adoption of best practice treatments</td>
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<td>Improved client satisfaction of services</td>
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<td>Improved intervention compliance</td>
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