ALLIANCE for
HOPE
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Family Justice Center
Client Process Mapping

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Client Process Mapping

What is Process Mapping?

A process map is a planning and management tool that visually describes the work flow at a Family Justice and Multi-Agency Center (Center). Process maps show a series of events that produce an end result. A process map is also called a flowchart, process flowchart, process chart, or process flow diagram. It shows **who** and **what** is involved in a process and can be used in any organization to reveal areas where a process should be improved ("What is Process Mapping", 2017). Process mapping can be used in Centers to examine the client's journey from intake to provision of long-term services, to help to identify strengths, gaps in services, flow of collaboration, partners or services that need to be included, and to find strategies to improve service delivery.

Purpose and Benefits of Process Mapping

The purpose of process mapping is to help Centers understand their client flow and potential improvements. A process map can be used to identify gaps between what is actually happening and what has been determined to be the ideal process. It is used to track potential improvements in a process by providing visual representations of before and after the changes are implemented (Southern Institute on Children & Families, 2009). Process mapping should be used to build buy-in among partners, increase collaboration and develop a shared decision-making process. Inherently, process mapping requires collaboration and teamwork, and promotes a deeper understanding across functional areas in an organization (Southern Institute on Children & Families, 2009). The communication that takes place among staff and partners, allows them to see how their roles intersect and should clearly define the tasks for which they are responsible. Process mapping should identify bottlenecks, repetition, delays, help to define boundaries, ownership, responsibilities, and effectiveness measures ("What is Process Mapping", 2017). This results in higher participation and motivation among staff and partners and helps improve ownership and team performance (Ideagen, 2013).

It is important that representatives from all areas of the Center who are involved in a client intake and service delivery be involved in the development of the process map (Southern Institute on Children & Families, 2009). Additionally, this will build shared decision making if staff and partners understand the potential impact of suggested changes to the process (Southern Institute on Children & Families, 2009). Process maps provide valuable insights into how your Center can improve processes. When important information is presented visually, it increases understanding and collaboration between partners and staff at Centers ("What is Process Mapping", 2017).

Process Mapping. Image Source: HEFLO, 2017

How to Create a Process Map

Process mapping is about communicating your process to your partners and staff so that you achieve your objectives. Knowing how to map the intake process from start to finish will help you build stronger communication and understanding in your Center.

Step 1: Identify the problem
    a.   How does the intake and client service delivery process need to be visualized?

Step 2: Gather the necessary supplies
    a.   A brochure or pamphlet with a description of the different onsite partners and the services that they offer.
    b.   Markers
    c.   Construction paper
    d.   Sticky notes
    e.   Index cards
    f.   Masking tape

You may choose to use the Client Process Mapping chart provided by the Alliance on pages 11 to 15 or create your own. *(Please remember that once the Client Mapping Process Chart is completed it needs to be submitted to the Alliance)*

Step 3: Brainstorm activities involved
    a.   At this point, sequencing the steps is not important, but it may help you to remember the steps needed for your process. Please refer to the agenda for steps to include on page 8.
    b.   Decide what level of detail to include.
    c.   Determine who does what and when it is done.

Step 4: Figure out boundaries
    a.   Where or when does the Intake process start?
    b.   Where or when does the Intake process stop?

Step 5: Determine and sequence the steps
    a.   It is helpful to have a verb begin the description.
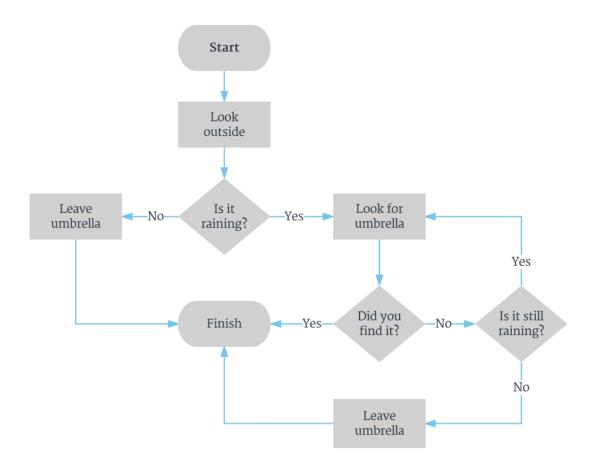   b.   You can show either the general flow or every detailed action or decision.

Step 6: Draw basic flowchart symbols
    a.   Each element in a process map is represented by a specific flowchart symbol.
    b.   Ovals show the beginning of a process or the stopping of a process.
    c.   Rectangles show an operation or activity that needs to be done.
    d.   Arrows represent the flow of direction.
    e.   Diamonds show a point where a decision must be made. Arrows coming out of a diamond are usually labeled yes or no. Only one arrow comes out of an activity box. If more is needed, you should probably use a decision diamond.
    f.   A parallelogram shows inputs or outputs.

Step 7: Finalize the process flowchart
   a. Review the flowchart with others stakeholders (team members, front line staff, supervisors, partners, clients, etc.) for consensus.
   b. Make sure you have included important chart information like a title and date, which will make it easy to reference.
   c. Helpful questions to ask (please also view additional questions in the internal notes section):
      1. Will staff and partners follow the charted process?
      2. Is everyone in agreement with the process map flow?
      3. Is anything redundant?
      4. Are any steps missing?

Example of a Simple Flow Chart on Rainy Weather. Image Source: Lucidchart, 2017

Internal Initiative Notes

As you begin to plan for the process mapping meeting(s) below are the goals and tasks we will be asking you to accomplish with your partners and staff. We encourage you to use this meeting(s) as a way to increase communication, collaboration, and buy-in from your partners. Products from this meeting will both be incorporated as part of our research and deliverables, but also allow us to conduct a pre-initiative look at the system and post-initiative system analysis. Therefore, while going into extensive detail is not required, it will make your post analysis much easier.

We believe that you can use this meeting to re-engage partners, discuss potentially difficult subjects and/or clarify roles and responsibilities. As such, we have listed Memorandums of Understanding (MOUs), partnership agreements, and individual forms we believe you all use in intake as potential areas to improve during this process. If at any point you have any questions about the purpose of these meetings or need additional support framing this conversation please let us know. We are happy to help!

Suggested Activity for the Polyvictimization Initiative Lead _Before_ the Meeting:

1. Identify last time there was a client "incident" at the Center where staff or partners could have done better in responding to the "incident".
2. Identify the last time a client was very supported and successfully received a variety of services at the Family Justice Center.

Once client mapping has been finalized during the meeting - it might be helpful to use these scenarios to "walk" through the process map created and crosscheck process mapping. These scenarios would also be helpful to highlight the Bright and Blind Spots.

In-Depth Look at the Meeting and Deliverables to Provide to the Alliance _After_ the Meeting(s):

1. **Clearly identify purpose of Intake** – what it does – and how it does this

2. **Articulate ideal intake process** (how it _should_ work) **versus real intake process** (how it _does_ work)
   a. Identify if there is a discrepancy in protocols/thoughts/dreams versus day-to-day operation, and why?

3. **Identify and map client flow and service delivery for clients**
   a. What are the entry points into the Center?
   b. Who are the staff and partners that have first contact with clients (titles, not names)?
      i. What is their role, what do they do, what is completed (forms/assessments utilized), what does the connection look like with others?
   c. What services are being provided? Is this service repeated at any time? How is this service provided (conversational, self-report, interview, on a computer, paper copies)?
      i. What are the resources needed here? Are there constraints to this delivery process (if there are constraints please note them)?
   d. How does information get shared from first contact staff/partner agencies to those that work with clients later in service delivery?
   e. How (physically and verbally) are clients informed/navigated with partner agencies?

        i.   How are clients connected with offsite partners?

    f.   Are clients being provided exit surveys? If so, how?

    g.   Is there a current process for client inclusion to long term community activities? If so, please include.

4. *See Strength United Client Flow Chart for level of detail (See page 9).*

5. **Based on process map created, are there gaps and duplication of services?** (ex: places where survivor must tell story multiple times, gap in advocacy and follow-up)

6. **Identify Bright and Blind Spots**
    a. Blind spots – list of places or locations where clients are not receiving optimal or ideal services
        i. Example: wait time to see Legal is 3 hours, partner does not provide service needed, survivor must retell story multiple times
    b. Bright Spots – places or locations where clients are receiving optimal and ideal services
        i. Examples: Short wait times, warm hand offs and connections between partners, navigation process is clear and simple to understand, kind and trauma informed interactions (clearly state what that is).

7. **Strategies to improve current intake and service delivery process**
    a. What training needs must be addressed before eliminating these blind spots?
    b. What resources (structural, environmental, physical, etc.) must be obtained before removing current blind spots?
    c. What are 3 short term (now – 3 months) actions that can be implemented to improve current intake and service delivery process?
    d. What are 3 long term actions (4 months – 1 year) that need to be implemented to improve intake and service delivery?

8. **Review Confidentiality and Information Sharing Agreements**
    a. What does the Center's Agreement look like? What does each partner agency agreement look like? Are the terms different in each one? If so, how do they affect service delivery for clients?

9. **Review current MOUs or Partnership Agreements**
    a. Additional language around collaboration/integration
    b. Discussion regarding information sharing and confidentiality
    c. Information around data collection
    d. Include polyvictimization screening
    e. Multi-Disciplinary Team meetings for clients

Recommended Client Process Mapping Agenda

Objectives:
1. Clearly establish the purpose of Intake
   a. What does it do and how are goals accomplished?
2. Identify and map client flow and service delivery for clients
   a. Discuss and document services delivered at each point of contact with staff or partners
   b. Articulate ideal intake process (how it should work) versus real intake process (how it does works)
3. Find strategies to improve current intake and service delivery process
4. Review Confidentiality and Information Sharing Agreements
5. Review current MOUs or Partnership Agreements

Recommended Agenda:
1. Welcome and Introduction - (30 min)
2. **Possible Ice Breaker Activity Drawtoast.com:** Has 8 simple steps to the draw toast exercise.
3. Why Process Mapping Matters? - (30 min)
   a. Purpose
   b. Contextualize to Polyvictimization Initiative
   c. Objectives of Meeting
4. Process Mapping - (minimum 2 hours)
   a. Work through case scenarios previously identified
5. Identifying Bright and Blind Spots - (1 hour)
6. Review MOUs, Confidentiality, and Information Sharing Agreements - (1 hour)
7. Brainstorm and develop short term and long-term strategies - (1 hour)
8. Next Steps and Wrap-Up (15 min)

Examples of Client Flow Charts and Process Maps

Example A: Client Flow Chart, Strength United CalVCB:
Here is a sample of a Client Flow Chart from a Family Justice Center. If you already have a client flow chart you may build on it, and submit it to the Alliance (please submit the pre-and post-flow chart so we can note the changes). Please be sure to also then answer all of the questions listed in the pages 6 to 7.

Intake and Assessment

Initial Screening and Referral
- Clients contact center through our 24/7 Hotline, Domestic Abuse Response Team, Sexual Assault Response Team, Drop-In, City or District Attorney, Department of Children and Family Services, Community Partners, Schools, or as a result of a Community Presentation
- Via phone assess for trauma/crime exposure, high risk of suicide or homicide, severe Mental Health Disorder (Schizophrenia), Predominant Drug or Alcohol Problem
- *Triage the client based upon high risk and or immediate concerns*

Sessions 1 through 3

Refer Out if Not Appropriate

Interview and Assessment
- Obtain Informed Consent, conduct clinical interview, administer assessments, and provide referrals/resources for emergent needs (housing, clothing, etc.)
- Obtain 2-way releases to gather information from multiple sources (Police reports, prior treating clinicians, teachers, etc.)
- Administer assessments, conduct safety planning when appropriate
- Manage crisis and address legal mandates

Integrate Assessment Information to Develop a Unique Picture of Client
- Complete Standardized Assessment Worksheet, identify clinically elevated scores, review assessment for endorsement of critical factors (i.e suicidal ideation, homicidal ideation and or safety) and meet legal mandates
- Schedule Multi-Disciplinary Team Meeting (Psychiatrist, Clinicians, Case Managers, and other collateral partners)
- Review trauma history, (type/complexity) symptom presentation (type/severity), relevant contextual history and systemic issues (family, social, community, culture) and developmental history (age, attachment and development)
- Identify Treatment Priorities and collateral resources (housing, clothing, victims assistance program, medical, etc.) to meet the client/family stated and observed needs

Narrow the Clinical Focus, Select Symptom Domains and Identify Treatment Priorities
- Working with the individual, child or family set effective treatment goals
- Develop a two-tiered plan to; 1) Reduce symptoms and/or eliminate areas of concern, specifically the domains identified on the standardized assessments and 2) Acquire an understanding of the traumatic event, and make links among cognitive attributions, behaviors and emotions
- Develop a plan to address needs assessments, through the provision of emergent resources, and linkages and referrals
- Determine treating clinician: Psychiatrist, Psychologist, Licensed Clinician with Case Management Support

Identify Appropriate Treatment
- Select appropriate evidence based/evidence informed model

Please see next page

If you would like to view a Word document of this flow chart, it can be provided.

Triage

Sessions 1 through 3

Based Upon Assessment determine if more specialized Services are required

- Pending Legal Concerns
- High Risk DV
- Predominant Drug/Alcohol Abuse
- High Risk of Homicide/Suicidality
- Clinically Significant Domains
- Medication Evaluation
- Court Proceedings

- Onsite Civil Legal
- Shelter, Restraining Order, Legal Advocacy
- Substance Abuse Program
- Hospitalization or Law Enforcement
- Onsite Psychiatrist
- Advocate Accompaniment

Onsite/External Referral

Treatment

Sessions determined by evidence based modalities and CalVCP guidelines

- Follow identified treatment modality, providing weekly individual sessions
- Address safety and crisis throughout treatment
- Clients receiving psychiatric services attend medication maintenance appointments
- Ensure case management services are coordinated throughout treatment
- Include family members when necessary and appropriate
- Refer to survivor groups when appropriate as a collateral support
- Maintain written progress notes and phone log
- If necessary request MDT meeting

Example B: Client Process Mapping (Template Created by the Alliance):
Here is another visual example of what your Client Process Map may look like created by the Alliance. This template closely models the one above but provides space for your site to customize it.

New Client Process Mapping

Client Arrives at Family Justice Center/Multi-Agency Center

- How do clients initially contact the Center (entry points)? _____
- Who is the client first greeted by at the Center? _____
- How does the Receptionist gather data from the client? (Paper or computer) _____What kind of data is collected? _____. Who has access to the collected data? _____
- Who does the Receptionist connect the client with? (Staff position/title) _____Is a client always connected with the same initial staff member (Staff position/title) or is it a rotation of staff members that serve as initial points of contact (Staff position/titles)? What does this process entail? _____
- How long does the client wait in the waiting area before being connected to the person(s) identified above? (minutes/hours) _____

> Reflection:
> - Think about how the client is experiencing the Center (What does security look and feel like? Is the client greeted with a warm smile? Is there food or coffee?)
> - Are the directions clear on where they should go next?

Interview and Assessment

- Who conducts the interview/assessment? (Staff position/title) _____
  What forms are used to obtain information from the client? (for example, Confidentiality form, Informed Consent form) _____
- What tools//forms do they use to conduct the interview/assessment? _____ Are forms completed by paper or computer? _____ If paper, do navigators need to leave the room to collect information that they need? _____Where are the forms stored? _____ Who has access and permission to view the forms? _____
- Where is the interview/assessment conducted? (for example, cubical, in-take room etc.) _____
- How long does the interview/assessment take? (minutes or hours) _____
- How many sessions does it take to complete the interview/assessment? _____
- Is there a system for providing clients with referrals/resources for emergent needs (for example, housing, clothing, etc.)? _____ If so, please describe the system/process _____

> Reflection:
> - Has Confidentiality been explained to the client? Has Information Sharing been explained to the client? What information is listed on the Confidentiality Form (what partners can receive information about the client? Is there a time limit to how long partners will have access to the information a client shares?) How many times does the client have to share their story? What are the Bright Spots? What are the Blind Spots?

Client Service Plan

- Is there a system in place for who reviews and/or scores assessments? (Staff position/title) _____ How long does this process take? (hours/minutes/days) _____

- Is there a process for working with clients with presenting symptoms? _____If so, what does it entail? _____.

- Is there a process for working with clients who would like to discuss events? _____ If so, what does it entail? _____.

- Does the process of working with a client who would like to discuss events or with presenting symptoms include the scheduling of a Multi-Disciplinary Team Meeting (MDT may include a Psychiatrist, Clinicians, Case Managers, and other collateral partner)? _____ Who does the MDT Team consist of at your Center? _____.

- If a case does not require an MDT meeting, who provides case management? (Staff position/title) _____.

- How is case management done at your Center? _____When and where is case management provided? _____.

- Who reviews the trauma history (type/complexity), symptom presentation (type/severity), relevant contextual history and systemic issues (family, social, community, culture) and developmental history (age, attachment and development) of the client? (Staff position/title) _____.

- Who identifies the Service Plan for the client that includes key priorities and resources (for example, housing, clothing, victim's assistance program, medical, etc.) and meets the client/family's stated and observed needs? (Staff position/title) _____

- Is there a system/tool in place that partners and FJC staff use to communicate to ensure that the client is receiving a warm hand off from one partner to another? _____If so, please describe the system/tool _____ Do all partners and staff use it? If not why not? _____

- Who coordinates with the individual, child, or family to set effective Service Plan goals? (Staff position/title) _____

> Reflection:
> - What would trigger an MDT meeting? (for example, severity of the case)
> - If some of the processes above are not currently in place at your Center what steps can the Center take to implement those processes? Think about short term and long-term goals.

Reassess and Follow-up

- Is there a document provided to the client that details their service plan? _____

- Does the Center conduct periodic re-administration of assessments/measures and re-evaluate service plan goals/interventions/collateral for clients? _____ if so, who is responsible for conducting the periodic re-administration? (Staff position/title) _____ How long does this process take? (minutes, hours, or days) _____

> Reflection:
> - How does your Center currently follow-up with clients on a day to day basis? How is this different from the ideal way that your Center would like to follow up with clients?

Long Term Community Building

- How does the Center define Long Term Community Building? _____ What services are offered as a part of Long Term Community Building? (For example, VOICES) _____
- Who based on the final assessment/client progress/observations (information gathered in therapy) assess readiness for client to transition to Long Term Community Building? (Staff position/title) _____
- How are clients connected to Long Term Community Building Services? _____
- Are exit surveys administered to clients once their Service Plan is complete? _____ If so, who conducts the exit survey? _____. How often are exit surveys conducted? _____Are they conducted for all clients or some clients? _____. How is the information collected from exit surveys utilized to inform services at the Center (identifying needed services, areas that the Center could improve on, and what the Center is doing well) _____

  Reflection:
  - If exit surveys are available your Center, where are they located? Are they easily accessible by clients.
  - Are the exit survey's self-administered or conducted as exit interviews?

If you choose to use this template a Word Document can be provided.

Returning Client Process Mapping

Client arrives at Family Justice Center

- How did the client initially contact the Center? (entry points) _____
- Who is the client first greeted by at the Center? _____
- What information does the Receptionist gather from the client before they connect them with the partner they came to see? _____
- How does the Center identify new clients versus returning clients? _____
- Is there a system that tracks services a retuning client has received at the Center? _____
- How long does the client wait in the waiting area before being connected with the partner that they came to see? (minutes/hours) _____

> Reflection:
> - What information is shared between partner agencies and the Center on the returning client? Has the client been notified of Information Sharing and Confidentiality? Does a new Confidentiality or Information Sharing agreement need to be signed?

Service Delivery

- Is there a process in place for how partner agencies communicate with the Center staff and each other? If so, please describe the process
  - What does it look like?_____.
  - How often do they communicate? _____.
  - What are the items that the Center and Partners communicate on?_____.
  - What are some items that are sometimes not clearly communicated between the Center and Partner Agencies? _____.
- What is the referral process on how hand-offs between the Center and partner agencies work? Is it clear? Are all partners and staff onboard? _____.
- How does the Center follow-up with a client whose initial entry point was via a partner agency? _____.
- On average how long does it take for a partner agency to connect a client with another onsite partner? _____.

> Reflection:
> - How can communication between the Center and partner agencies be improved?
> - Are there team building activities between the Center's staff and partner agencies?

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Reassess and Follow-up

- Is there a document provided to the client that details their service plan? _____

- Is there a system/tool in place that partners and FJC staff use to communicate to ensure that the client is receiving a warm hand-off from one partner to another? _____If so, please describe the system/tool _____ Do all partners and staff use it? If not why not? _____

- Does the Center conduct periodic re-administration of assessments/measures and re-evaluate service plan goals/interventions/collateral for clients? _____ if so, who is responsible for conducting the periodic re-administration? (Staff position/title) _____ How long does this process take? (minutes, hours, or days) _____

> Reflection:
> - If the Center does not currently conduct periodic re-administration of assessments/measures what small steps can it take to begin this process?

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Long Term Community Building

- How does the Center define Long Term Community Building? _____ What services are offered as a part of Long Term Community Building? (For example, VOICES) _____

- Who based on the final assessment/client progress/observations (information gathered in therapy) assess readiness for client to transition to Long Term Community Building? (Staff position/title) _____

- How are clients connected to Long Term Community Building Services? _____

- Are exit surveys administered to clients once their Service Plan is complete? _____ If so, who conducts the exit survey? _____. How often are exit surveys conducted? _____Are they conducted for all clients or some clients? _____. How is the information collected from exit surveys utilized to inform services at the Center (identifying needed services, areas that the Center could improve on, and what the Center is doing well) _____

> Reflection:
> - What are small ways that the Center can begin to create Long Term Community Building Activities?
> - How can the Center and Partner Agencies collaborate to create/or strengthen Long Term Community Building?

If you choose to use this template a Word Document can be provided.

Example C: Process Mapping with Sticky Notes

For this meeting, you may choose to first start the process mapping process with sticky notes - this make it easier to visualize and engage your partners.

Customer Journey Map. Image Source: Oracle. CX Design Bootcamp, 2017

Example D: A Value Stream Map

This may be a good way to map the client's experience at the Center and help identify Blind spots and Bright spots. Please note that part of the exercise is to better understand the client experience from their point of view and the value that is provided at each interaction with the Center.

A Value Stream Map

Client arrival; process starts

Waiting   (30 minutes)
Intake   (20 minutes)
Travel to step 2   (10 minutes)
Waiting   (25 minutes)
Interview   (40 minutes)
Waiting   (30 minutes)
Referral appointments (10 minutes)

Client leaves; process ended

KEY

black = no client value
gray = client value

Value Stream Map. The Nonprofit Outcomes Toolbox, 2011

Additional Resources for Process Mapping

1. Ted Talk – "Got a wicked problem? First, tell me how you make toast". This Ted Talk by Tom Wujec has an explanation of process mapping, its benefits, and the importance of team collaboration during process mapping.
2. Common Process Mapping Mistakes (And How to Avoid Them). This article discusses four common mistakes made when embarking on process mapping and how to avoid them.
3. Client Intake: The Intake Process – Tips & Techniques for Working with Victims PowerPoint.
4. San Diego Family Justice Center Intake Flow Chart.

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