



## Success study:

# Mental health case management in Thunder Bay

### Situation:

The mental health case management referral process in Thunder Bay was causing client confusion, duplicated efforts and wasted resources. Some clients were referred to several case management programs at once, leading to multiple intake assessments. Others were referred to inappropriate programs and waited in the “wrong line” before finding out they had to start over on a different program’s wait list. In December 2006, MOHLTC’s Performance Improvement Fund allocated funding to help local providers use quality improvement tools to systematically redesign the intake model.

### Aim:

Eliminate referral duplication and achieve a 50% reduction in wait times from referral receipt to program placement over an 18-month period.

### Measures:

- Percentage of referrals submitted on the new referral form
- Number of referrals bypassing the common intake process
- Percentage of referral dispositions completed by the intake coordinator
- Median wait time from referral receipt to disposition to a program wait list

### Changes:

- Conducted process mapping of the old system, identified bottlenecks or inefficiencies, and designed a desired new process
- Developed a common referral form for mental health services. A committee to oversee this work met every week. A trial referral form was first piloted with key individuals and subsequent versions were made shorter
- Created a Referral Review Committee (RRC) to review referrals and determine program disposition (i.e., assign the referrals to a program)
- Hired an Intake Coordinator, who assumed the role of referral disposition, with the RRC committee available for consultation as required
- Implemented a computerized database of referrals
- Created Articles of Agreement outlining processes for consistency and follow-through

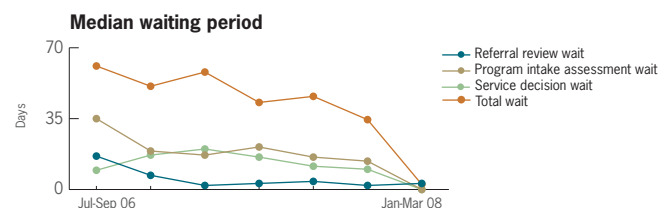
### QI team:

Thunder Bay Mental Health Case Management Intake Collaboration (the Collaboration) included nine mental health and addiction case management programs within four organizations: St. Joseph’s Care Group, Thunder Bay Regional Health Sciences Centre, Alpha Court and the Thunder Bay branch of the Canadian Mental Health Association. An Executive Committee included representatives from each organization. Management teams and frontline staff at the nine partnering case management programs also received quality improvement training.

The Executive Committee met on a monthly basis, secured resources to staff the new service (Intake Coordinator) and established two subcommittees to begin the work towards a common intake process.

### Results:

The Collaboration’s efforts have eliminated referral duplication, reduced intake workload by 50% and boosted successful referrals to 95%. Most important from the clients’ perspective, the average wait time from referral receipt to disposition to a program wait list has declined by 55%. In addition, clients benefit from a single point of entry and, in most cases, tell their story once rather than multiple times to different case managers.



### Next steps:

Potential next steps include using collected system-wide data to identify and address hard-to-serve client needs; designing an abbreviated referral form, which has since been received with praise from our community partners; developing a common wait list management methodology and continuous process for performance measurement; and continuing to advance the use of quality improvement methodology at all four participating organizations. A rapid re-entry system, consistent across all programs, has already been developed to make it easier to discharge clients, knowing they can quickly be reintegrated if they require services again. The longer the nine programs work together, the better they understand each others’ services, and the more opportunities for improvement they identify.