MEDIA *Advisory*

Collaboration Ensures Every Door is the Right Door
Success in Making Mental Health Services More Accessible

(Thunder Bay, ON, June 8, 2010) A program redesign to achieve improvements to the intake and referral process for mental health services in Northwestern Ontario, is a provincial success story according to the Ontario Health Quality Council (OHQC) 2010 annual report. Released on June 3, 2010, the independent agency's report acknowledges the community's success in redesigning their intake process to significantly improve access to mental health care and resource allocation in Thunder Bay.

According to the OHQC's fifth annual report, four organizations, Alpha Court, Canadian Mental Health Association - Thunder Bay Branch, St. Joseph's Care Group and Thunder Bay Regional Health Sciences Centre, teamed up to streamline the intake process to achieve this success.

Maurice Fortin, Executive Director, Canadian Mental Health Association – Thunder Bay Branch, says, "People living with mental illness in Northwestern Ontario were often referred to several programs at once or to the wrong programs. Individuals, redirected to other services, were often required to wait anew or be placed on a waiting list. By creating a central intake for people needing case management services, we reduced wait times and the need for people to tell their story again and again."

The Thunder Bay Mental Health Case Management Intake Collaboration (the Collaboration) includes nine mental health and addiction management programs within four organizations who work together to manage programs, improve training of front-line staff and secure resources for the new services. With the help of the Performance Improvement Fund allocated by the Ministry of Health and Long-Term Care, the Collaboration now ensures clients benefit from a single point of entry and, in most cases, tell their story once rather than multiple times to different case workers.

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 positively received by 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.

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Attachment: Information Sheet

ST. JOSEPH'S CARE GROUP

Within the context of a northern regional hub located in a geographically vast area, strong collaborative relationships in problem solving both local and regional health system issues have evolved that support the primary health reform goal of system integration.

▶ Impetus:

Recognition of complicated service access, frequent instances of client referral to multiple case management programs and an unsatisfactory successful intake ratio highlighted the need for an innovative approach to the intake process and led to a partnership between nine mental health and addiction case management programs.

Building on principles crafted by all partners, Thunder Bay Mental Health Case Management Intake was formed with the goal of improving client service by centralizing the intake process and simplifying access to case management programs – making sure that "every door is the right door".

▶ Objective:

- To improve timely access to the most appropriate service
- To reduce the wait time to program disposition
- To reduce duplication of referrals and assessments
- To provide performance measurement data to assist in system redesign
- To identify unmet needs of individuals with mental health and addiction issues

▶ Key Improvements:

- Rate of duplication in referrals decreased from 45% to 0%
- Wait list duplication is now 0%
- Wait times to program disposition decreased by 67%
- Increase in correct program disposition to 95%
- Staff time spent on referral/intake process has decreased
- Increased clarity around population needs and service fit
- Improved communication between programs, as well as back to referents/clients referred
- One of our programs has reopened to intake after a long period of being closed to referrals
- Assessment information follows the client

▶ Implementation steps:

- Develop a process to ensure agreement on goals and objectives
- Establish a confidentiality protocol (Circle of Care)
- Establish a Referral Review Committee (RRC) to work with the Intake Coordinator to determine disposition of referrals during early implementation
- Develop a common referral
- Establish Intake Coordinator Position

▶ Essential Components:

- Terms of Reference to guide the process
- Formal agreements around sharing of information, appeal processes, etc., when partnering with separate legal entities
- The evolution of roles between RRC and Intake Coordinator to enhance system communication, decision making and service to clients.
- A clear visual model illustrating where the process led and where partners fit
- Rapid cycle improvement theory to guide process improvements (PDSA model)
- Technical expertise to set up and maintain a data tracking system
- Implementation of continuous performance measurements common to all programs to inform service/system redesign
- Dedicated Intake Coordinator

▶ Next Steps:

- Continue with Rapid Cycle Quality Improvement to further refine intake process
- Advocate for a system response for 'hard to serve' clients
- Develop a process to continue the most appropriate level of service (step up/step down), based on client level of need
- Look beyond case management to integrate services with other mental health and addiction services

ST. JOSEPH'S CARE GROUP ALPHA COURT CANADIAN MENTAL HEALTH ASSOCIATION / L'ASSOCIATION CANADIENNE POUR LA SANTÉ MENTALE THUNDER BAY Regional Health SCIENCES CENTRE