Labor and Management Work Together to Improve Behavioral Health Services

BACKGROUND
Part of the One Brooklyn Health System, Interfaith Medical Center is a community teaching hospital that serves more than 250,000 patients a year in Central Brooklyn. Interfaith Medical Center provides a comprehensive suite of mental health and substance abuse services. Demand for services is high, with receipt of hundreds of calls and faxes received weekly from multiple referral sources and prospective patients. The 1199SEIU Training and Employment Fund’s Labor Management Project (LMP) provided organizational development and process improvement (PI) consulting to the Center for Mental Health (CMH), Interfaith’s outpatient behavioral health facility, to help improve the patient intake process.

AIM
To improve the behavioral health intake process at Interfaith Medical Center’s Center for Mental Health

THE CHALLENGE
◆ Hundreds of calls and faxes received
◆ Inefficient intake system
◆ Build up of voice mail messages
◆ Mixed bag of important, irrelevant, emergency, and inappropriate messages
◆ No phone tree
◆ All calls saved in one queue
◆ Newest messages first – older messages deleted after 2 weeks

THE SOLUTION
Creating a phone tree - allowing the CMH intake staff to prioritize responses

RESULTS
◆ Increased number of intakes by 77%
◆ Reduction in complaints
◆ Improved teamwork (59% reported quality of teamwork had improved; 53% reported that staff ability to solve problems was better)

INTAKE AT CMH & THE STAFFING MATH

Two clinical staff working 30% each on intake DOES NOT EQUAL a 60% position devoted to intake

<table>
<thead>
<tr>
<th>Intake Coordinators</th>
<th>March 2018</th>
<th>March 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>113</td>
<td>113</td>
</tr>
<tr>
<td>Full Time</td>
<td>64</td>
<td>113</td>
</tr>
<tr>
<td>% of Full Time</td>
<td>56%</td>
<td>100%</td>
</tr>
</tbody>
</table>

March 2018 compared to March 2019: A 77% INCREASE in intakes scheduled

STAFF FEEDBACK
The new phone tree is very helpful. It is allowing me to focus on the urgent care referrals. I am now able to prioritize the in-house urgent care callers (which keeps things moving smoothly and greatly reduces the number of complaints about lack of response from the intake coordinators).

There are now very few intake messages on my direct office line. This allows me to more efficiently respond to the calls from the clients who I have been assigned to for psychotherapy. The new intake worker has already begun responding to non-urgent care calls which has reduced the number of community referrals I have to respond to.

ACTION
◆ Labor-management Self-Directed Care Team
◆ Inclusion of worker voice
◆ Process mapping
◆ Identified inefficiencies and potential solutions
◆ Created a phone tree
◆ Hired Designated Intake Worker

THE PROCESS
In addition to process improvement, the work was also about:
◆ Validating
◆ Acknowledging
◆ Appreciating
◆ Empowerment
◆ Team Building

BACKGROUND
Aim

the ChAllENGe

the pROCess

the sOlUtiON

the sOlUtiON

ACtiONs

CMH Intake Flow – ReFeRRals

Internal

External

InteRnal exteRnal

Interfaith Psych. Inpatient Hospitals besides Interfaith

Forensic – NYSDC & OMH

Schools & Colleges

Community Health Clinic

Foster Care – ACS

Private M.D.

Health Insurance

Court & Probation

Woodhill Mobile Crisis Other Shelters

Other Outpatient Clinics and Programs

Self-Referrals, Walk-ins, Returning clients

Interfaith Medical Units

Primary Care I.D.

Men’s Shelter

Bishop Walker

Inpt. Detox. Substance Abuse & Rehab

C.D.O.S.

AH.P

PHP

E.D.

March 2018 compared to March 2019:

March 2018:

64 Intakes SCheduled

March 2019:

113 Intakes SCheduled

of Full time of Full time total

30% ≠ 30% 60%