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**Applying the Continuous Quality Improvement
Process to Our PBHCI Initiative**

Presenters: Behavioral Health Network

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Who we are

- (BHN) Behavioral Health Network, Inc
- Springfield, Massachusetts
- Cohort V
- Population served: Adults with severe mental illness. High prevalence co-occurring substance use disorders, poverty, limited educational background, social stressors and trauma
- Integration models: Partnership with FQHC in our behavioral health site; plus a partnership providing PBHCI services at a Community Health Center

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The Focus of our improvement effort

We identified several key issues related to our client enrollment process:

- Difficulty meeting census/ enrollment requirements, lack of clarity about where referrals were coming from, and a low number of referrals
- Number of days from referral to enrollment seemed to be too long

Program Coordinator Iris Ramos developed an excel spreadsheet to track all referrals and to better understand our referral/ enrollment process. The spreadsheet tracked the following information: Client demographics, referrals source (BHN program and provider), PBHCI services requested, Care Manager/Coordinator assigned to process the client referral, date referral received, and number of days from referral to enrollment



Organizing the improvement team

Improvement team process began with a meeting of the PBHCI Program Manager, Program Coordinator and Grant Evaluator to develop a plan for developing, implementing and monitoring our improvement effort

After this, we reviewed the plan with our PBHCI program staff to explain the rationale for the improvement plan and a draft of the plan. We also elicited their feedback and answered their questions to increase buy-in



Our Improvement plan

- Key steps we employed in our improvement plan
 - Planning meeting with Project Manager, Project Coordinator and Grant Evaluator to develop an outline of our plan
 - Held a staff meeting to discuss our plan and to elicit feedback before finalizing the plan
 - Program Coordinator developed the tracking spreadsheet and utilized it to track all new referrals
 - Developed standards for our response time with new referrals: No more than 4 days from referral to first contact with staff; No more than 10-14 days from referral to enrollment appointment; Increased number of warm hand-off's
 - Presented our performance improvement plan to supervisors from the referring programs at our site
 - Reviewed our progress in our weekly leadership meeting and weekly staff meeting



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Impact of our improvement strategies

We successfully reduced the time from referral to enrollment from almost 30 days to our 10-14 day goal and have been doing more warm hand-off's

We learned which programs and staff were our top referrers and also which programs and staff tended to not refer clients. This information informed our efforts for a more targeted approach to increasing our enrollment

As a result of our efforts, our referrals and enrollments have increased significantly



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Sustaining improvements and lessons learned

Lessons Learned/ Efforts taken to sustain improvement efforts:

- We review the referral tracking sheet as part of our leadership team meetings each week. This provides us with consistent and vital feedback about our enrollment efforts and practices
- We have established a much stronger collaboration with our referral sources (programs and staff)
- We now enroll all of our Day Treatment clients in our PBCHI program
- This has helped us to better understand the capacity of our staff to take on and enroll more clients
- The faster the time between enrollment and referral, the better the experience is for our clients and the more likely they are to enroll and engage in our program



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