

Streamlining Intake Process to Reduce Time to Admit to Specialty Mental Health Program

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Abstract

The demand for mental health services in the United States is increasing. As the first point of contact for patients entering specialty mental health programs, the intake process plays a crucial role in shaping their overall experience and engagement with healthcare organizations. A streamlined intake process ensures that patients receive timely, effective, and personalized care. However, many programs suffer from suboptimal intake processes, leading to inefficiencies, delays, and patient dissatisfaction.

This article discusses strategies for refining the patient intake process in specialty mental health programs by utilizing process improvement techniques and robust data management practices. By focusing on these areas, organizations can significantly enhance patient experiences, minimize administrative burdens, and ultimately deliver timely, effective, and better-quality care. The average turnaround time for patient admissions at our private pay mental health program was significantly reduced, primarily by enhancing our internal processes. By fostering a culture of continuous improvement and prioritizing excellence, healthcare organizations can effectively address the changing needs of patients while sustaining operational efficiency.

Keywords: Mental health intake process, Process improvement, Turnaround time reduction, Patient satisfaction, Workflow optimization

1. Introduction

What is the patient intake process? Why is it important? What are the issues with the current specialty intake process at Sheppard Pratt? Patient intake refers to the initial steps a medical and behavioral health facility takes when admitting new and returning patients for care and is a very important step in the admittance process. Not only is it a highly influential factor in a medical and behavioral facility's operational, clinical, and financial success, but it's also an integral way a care provider obtains important patient information. The intake process can be confusing and overwhelming. As such, understanding the patient intake process requires navigating the ins and outs of each operation.

Feedback from patients, families, and providers has highlighted an opportunity to enhance the specialty intake process by streamlining program approvals. Accelerating this step is key to reducing wait times, improving patient experience, and ensuring the program remains competitive in a marketplace with similar offerings [1].

Optimizing the intake process for specialty mental health programs is essential for enhancing operational efficiency, patient satisfaction, and treatment outcomes. This study seeks to leverage actionable strategies rooted in process improvement and data management techniques. The specific objectives of this research are to:

- Identify inefficiencies and bottlenecks within the current intake process of the specialty mental health program.
- Implement process improvement methodologies to streamline the intake process effectively.

- Enhance data management practices to improve the accuracy and accessibility of patient information.

By addressing these key areas, specialty mental health programs can achieve improved efficiency, elevate patient satisfaction, and enhance overall service delivery. Furthermore, the findings of this study will provide a valuable framework that other similar programs can adopt to refine their intake procedures.

2. Issues and Root Cause Identification

2.1. Administrative Inefficiencies

Intake Coordinators: The structure of the intake coordinator function is characterized by significant silos, leading to a fragmented approach to patient inquiries regarding the specialty program. Patients can reach out through multiple channels—such as phone, email, fax, and website submissions—compounding the complexity of the intake process. This fragmentation results in approximately 30% of incoming calls being directed to voicemail or abandoned, while the average hold time for callers approaches five minutes.

The root cause of these issues lies in the predominantly people-driven nature of the intake process, which lacks the necessary operational structure to efficiently manage inquiries. The inadequate sharing and leveraging of both human resources and technology hinder effective communication and workflow. Consequently, the absence of standardized procedures and integrated systems exacerbates delays and reduces overall patient satisfaction.

Addressing these structural inefficiencies is essential for creating a more streamlined, process-driven intake system that enhances responsiveness and improves the patient experience.

Clinical Determination and Approval: The clinical determination and approval process for patient admissions is hampered by the requirement for individual providers to review every pre-screen completed by admissions coordinators. This approach introduces significant delays, as each provider seeks to assess the appropriateness of every patient for the specialty program.

The root cause of this inefficiency stems from a lack of streamlined decision-making protocols and standardized criteria for patient evaluation. The reliance on multiple providers for individual assessments can lead to bottlenecks, ultimately prolonging the intake process. This fragmented review system not only strains resources but also creates uncertainty for patients awaiting approval, further complicating their experience.

To enhance operational efficiency and reduce delays, it is crucial to implement a more coordinated approach to clinical determination. Establishing clear guidelines and criteria for pre-screening assessments can facilitate faster decision-making, allowing for a more timely and effective intake process.

Manual Processing Systems: The intake process is heavily reliant on manual systems for scheduling, tracking, and documenting patient information, both for those approved and those awaiting approval as potential patients. This reliance on manual processes introduces significant vulnerabilities, as these systems are prone to errors and inefficiencies.

The root cause of these issues lies in the outdated reliance on non-automated methods for managing patient data. The manual approach not only increases the likelihood of mistakes—such as miscommunication or data entry errors—but also contributes to delays in patient admissions. Additionally, the lack of integrated technology hinders real-time access to critical information, which can further complicate the decision-making process and extend wait times for patients.

To mitigate these challenges, it is essential to transition to more robust digital solutions that streamline scheduling and documentation. Implementing automated systems for tracking patient status can enhance

accuracy, reduce administrative burdens, and ultimately improve the overall efficiency of the intake process.

2.2. Patient Experience Issues

Improving Access Through Streamlined Intake Processes: Ensuring timely access to care is a key priority, and we recognize opportunities to further enhance the intake experience for individuals seeking services. Some patients may currently experience longer-than-expected wait times for initial assessments, pre-screening, and clinical evaluations. These experiences highlight areas where process improvements could positively impact access and responsiveness.

Improving the efficiency of the intake process can help reduce bottlenecks that may impact patient engagement and satisfaction. More timely evaluations not only support a more positive care experience but may also contribute to better clinical outcomes by ensuring patients receive the right care at the right time [3].

As part of our ongoing commitment to delivering high-quality, patient-centered care, we are actively reviewing intake workflows, scheduling approaches, and related systems. By refining these areas, we aim to create a more seamless and efficient process that supports timely engagement, fosters continuity of care, and enhances the overall experience for patients and families.

Enhancing the Intake Experience Through Simplified Documentation: We understand that a straightforward and user-friendly intake process is essential in helping individuals feel comfortable and supported as they start their care journey. At times, some parts of the intake and admissions paperwork may seem detailed or overwhelming, especially for those who may be facing mental health crisis.

There is an opportunity to refine these forms to ensure that the information requested is both relevant and essential. By simplifying documentation and focusing on what truly matters, we can help make the intake process more approachable and reduce unnecessary stress for patients and families [3].

These enhancements are part of our broader effort to create a more welcoming, patient-centered experience—one that encourages engagement, supports trust, and makes it easier for individuals to access the care they need with confidence and clarity.

2.3. Data Management Problems

Inconsistent Data: The absence of standardized procedures for data collection and management leads to inconsistencies that complicate the tracking of patient progress and needs. Without a uniform approach, varying data formats and definitions can result in discrepancies in patient records, making it challenging to maintain accurate and comprehensive information.

These inconsistencies not only hinder effective monitoring of patient outcomes but also obstruct the ability to provide personalized care tailored to individual needs. Furthermore, the lack of reliable data can impair decision-making processes, ultimately affecting the quality of services provided.

To address these data management issues, it is essential to implement standardized protocols for data collection and management. By ensuring consistency across all data entries, organizations can improve the accuracy of patient information, facilitate better progress tracking, and enhance the overall effectiveness of care delivery.

Limited Data Integration: Fragmented data systems pose significant challenges in generating comprehensive reports and insights necessary for effective program evaluation and improvement. When data is dispersed across multiple, unintegrated systems, it becomes difficult to compile and analyze information holistically.

This lack of integration not only inhibits the ability to track key performance indicators and patient outcomes but also limits the organization's capacity to identify trends and areas for improvement.

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Consequently, decision-makers may be unable to draw informed conclusions or develop targeted strategies that enhance service delivery.

To overcome these data management challenges, it is essential to adopt integrated data systems that facilitate seamless information sharing and analysis. By consolidating data into a unified platform, organizations can improve reporting capabilities, enhance program evaluation, and drive continuous improvement initiatives.

Baseline Data Collection

Baseline data was collected to assess the current performance of the average turnaround time from initial inquiry to admission into the specialty program. The analysis revealed that, on average, patients experienced a waiting period from the time of their initial inquiry until their admission into the specialty program. This extended timeframe compared to benchmark highlights the need for process improvements to enhance the efficiency of the intake system and reduce barriers to timely care.

3. Implementation

A unified team of admissions coordinators was established across multiple specialty programs, utilizing call center technology to deliver a “concierge” level of customer service. This approach has significantly improved the handling of initial incoming calls, resulting in more calls being answered promptly. The outcomes include reduced wasted time on outgoing and returning calls, a decrease in abandoned calls and calls directed to voicemail and hold times that align more closely with industry standards. This streamlined system not only enhances the patient experience but also optimizes operational efficiency within the admissions process.

The team adopted a centralized decision-making process to ensure that all new pre-screens are approved within 24 hours. This process yields clear outcomes— “approved,” “denied,” or “further review”—and mandates that the reason for each decision be clearly defined. By capturing specific and relevant clinical information, with input from various clinicians interacting with patients (including nursing, physicians, etc.), the assessment of clinical appropriateness for the program is both straightforward and streamlined [2].

This method not only enhances the efficiency of clinical determinations but also outlines the necessary follow-up documentation from referrals, facilitating a more effective decision-making process. Overall, this structured approach improves efficiency and accountability, streamlining the intake process while improving communication between referral sources and the admissions team.

The team implemented several operational changes for admissions coordinators aimed at standardizing responses to web and email inquiries. A new patient checklist was introduced as part of the initial response to enhance consistency and ensure that essential information is captured. To further improve the patient experience, coaching and training sessions were conducted to promote the option of same day prescreens.

Additionally, the team streamlined the intake process by modifying the admissions form to eliminate data points that were not necessary at that stage. The responsibility for collecting payments was transitioned to the Finance team, allowing admissions coordinators to focus more on patient interactions. Furthermore, the team established a digital patient tracker and provider caseload boards to enhance visibility and accuracy in tracking patient status and managing caseloads effectively.

The team implemented a daily huddle management process at the close of each day with the multidisciplinary team. During these huddles, key performance indicators (KPIs) like number of new inquiries, new admissions, discharges etc. from the day are shared, providing a comprehensive overview

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of operational performance. The team also discusses plans and priorities for the upcoming day, ensuring alignment and readiness. Additionally, any potential risks or issues are highlighted to promote awareness and proactive problem-solving among team members. This structured communication fosters collaboration and enhanced overall efficiency in the intake process.

The team also developed a standardized and streamlined home-grown prescreen and assessment tool applicable across all specialty programs to achieve several key objectives. This comprehensive tool serves as a one-stop shop for:

- Prescreen and Assessment Data Documentation: Facilitating efficient collection and management of prescreen and assessment information.
- Real-Time Data Accessibility: Ensuring that various stakeholders have immediate access to crucial data, enhancing collaboration and decision-making.
- Operational and Executive Dashboards: Providing visual representations of relevant statistics through user-friendly dashboards for both operational and executive levels.
- Standardization Across Programs: Maintaining a single, standardized pre-screen form that can be utilized by multiple programs, reducing redundancy and improving consistency.

This integrated approach not only enhances the efficiency of the intake process but also improves the overall quality of data management within the organization.

Process Stage	Key Improvement	KPI Metric	Current Status	Tracking Method
Initial Contact	Unified Call Center	Hold time/Abandoned	Improved	Reports
Pre-screening	Standardized Tool	Same-day completion	On-track	Digital tracker
Clinical Review	Centralized Decision	24-hour approval rate	Improved	Reports
Scheduling	Digital Patient Tracker	Scheduling efficiency	Monitoring	Real-time dashboard
Total Turnaround	End-to-End Process	Average days	Reduced	Continuous monitoring

Implementation Outcomes
Qualitative Benefits: Improved Communication and stakeholder Collaboration
Quantitative Results: Reduced Average Turnaround Time from Initial Inquiry to Admissions

Daily Performance Monitoring Framework
Daily huddles with multidisciplinary team reviewing KPIs (Inquires, admissions and discharges)
Real time digital tracking of patient status and provider caseloads
Continuous Improvements focus with data-driven decision making

Fig. 1: Mental Health Program Intake Process - Implementation Framework

4. Outcomes

The qualitative benefits of this project include improved communication and strengthened collaboration among various stakeholders, including intake coordinators, clinicians, nurses, and mental health workers.

The team has successfully reduced the average turnaround time for admissions in most cases compared to our baseline data, with instances exceeding this timeframe primarily due to patient-related factors. Additionally, there have been occasions where patients were admitted the next day after the initial inquiry, contingent upon bed availability and patient readiness. These outcomes have been validated through detailed internal data analysis [4].

The team remains committed to ongoing data monitoring in the next phase of improvement, with the objective of continuous improvement and further optimization of the turnaround time. This continuous focus on enhancing efficiency underscores our dedication to providing timely and effective care for our patients.

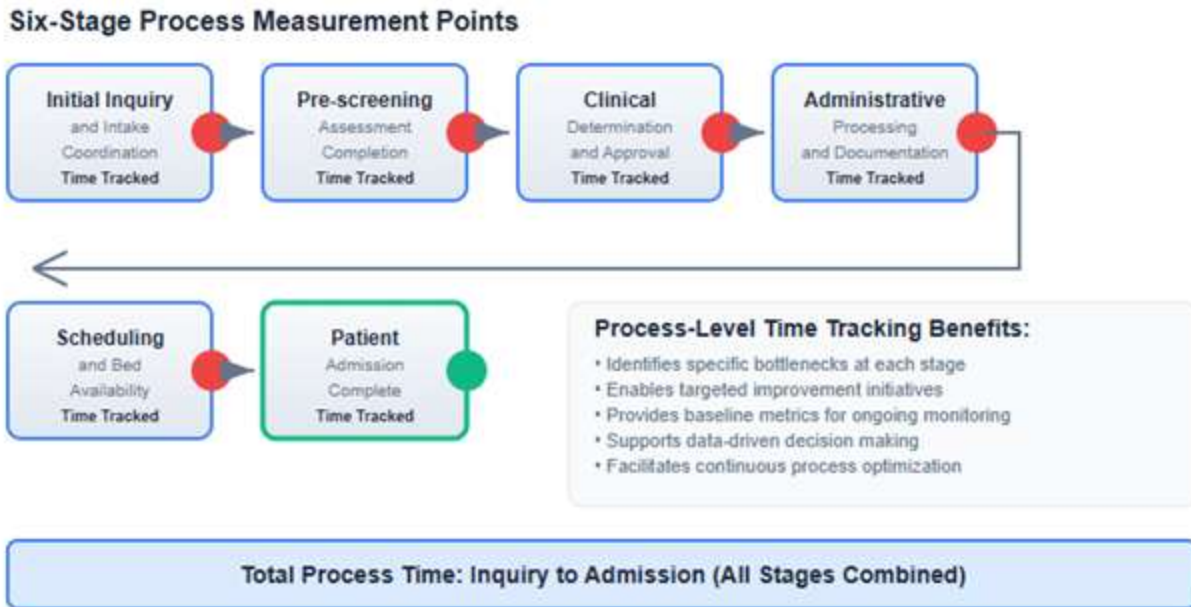


Fig. 2: Performance Metrics Dashboard - Post-Implementation Results

Conclusion

Enhancing the intake process for specialty mental health programs necessitates a strategic approach that effectively integrates process improvement techniques and robust data management practices. By streamlining data collection, improving scheduling efficiency, optimizing patient interactions, and utilizing data analytics, programs can effectively tackle existing challenges, elevate patient satisfaction, and enhance overall service delivery.

The successful implementation of these strategies will not only benefit patients but also contribute to the long-term success and sustainability of mental health programs. Through continuous improvement and a commitment to excellence, organizations can ensure they meet the evolving needs of patients while maintaining operational efficiency.

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