Comprehensive Life Resources

Same Day Access Journey

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Chief Clinical Officer
Challenges

✓ Meeting the need - It’s a moving target!
✓ Losing clients as a result of lack of engagement = increase in no show rates
✓ Inefficiencies in workflows - meeting demands of multiple funders; too much paperwork
✓ Accepting a major system overhaul was needed

Don’t limit your challenges, Challenge your limits.

Post Pandemic
Less workforce + More need = DISASTER
Client wait times could be as high as 90 minutes **BEFORE** they saw a staff member.

Intakes were taking 90 minutes or more once they started.

Reception staff not utilizing scripts in effort to meet need.

Clinical staff were doing a lot of non-clinical paperwork.

Leadership, staff teams, and clients all felt frustrated with the process and no clear solution.

We were defaulting to scheduling intakes when staff were not available.
Developing the Plan

- Hired Consulting - Thank you MTM!
- Identified a design team
- Made Changes
- Evaluated progress - both quantitative and qualitative
Where do we start?

- What did we believe was the process versus what **was** the process - management versus clinical staff team
- What was the client experience?
- We needed to adjust our thinking to let data drive decisions not feelings/assumptions
- We had to learn **HOW** and **WHAT** data to gather
What did the data tell us?

<table>
<thead>
<tr>
<th>Time and Cost</th>
<th>What was our capacity</th>
<th>Intake days/times</th>
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<tbody>
<tr>
<td>Pre-Session Time = 30 min</td>
<td></td>
<td>We discovered that most youth came in the early morning</td>
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<tr>
<td>In-Session Time = 60 min</td>
<td></td>
<td>Adults tended to come mid to early afternoon</td>
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<tr>
<td>Post-Session Time = 30 min</td>
<td>We had a minimum of 65 client slots available weekly and a maximum of 96</td>
<td>Very few intakes on Fridays</td>
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<td></td>
<td>Average cost of ONE intake= $448.00 BUT Average reimbursement = $292.00</td>
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<tr>
<td></td>
<td>We averaged about 33-40 intakes/week</td>
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Change #1 - Re-design the workflow to ensure administrative tasks are done by administrative staff and clinical by clinical staff

**Reception**
- Screen for services
- Financial Eligibility
- Client
- PHQ-9
- GAIN-SS

**Patient Registration**
- Specialist
- Consent
- HIPPA
- Admission paperwork
- ROI
- HIV Screening
- Vitals
- NOM’s

**MHP staff**
- Psycho-social Assessment
- Diagnosis
- PHQ-9 and GAIN review

Client assigned to attending staff to return within 3-5 days. Attending completes DLA-20 and treatment plan
Challenge # 2- Data Collection

How to collect required data most efficiently…

Who collects it - client/clinical/admin

How - client portal/paper/concurrent

Invested in data mapping which has helped this process!
Challenge #3 - Develop a contingency plan

Reception
Screen for services
Financial Eligibility
- Client
- PHQ-9
- GAIN-SS

Patient Registration
Specialist
Consent
HIPPA
Admission paperwork
ROI
HIV Screening
Vitals
NOM’s

No MHP available

Use Psychiatrist “No show”
time to complete

Client wants psychiatric services- schedule this appointment within 1-3 days and assign attending

Screen for crisis and offer client “fast pass” for assessment next day either in person or telehealth
Challenge # 4 - Implement a new No Show policy

This was implemented in August of this year. So far the trend is that NS are declining by 2-3%

Comprehensive Life Resources
No Show Policy

CLR values providing effective and efficient services to everyone we serve. We understand that life can sometimes get in the way of scheduled appointments. If you need to reschedule your appointment, please provide us a minimum of 24 hours’ notice. If you cancel or reschedule with less than 24 hours’ notice, your appointment will be considered a “no-show.”

If you have two or more no-show appointments within 90 days or two consecutive, no-show appointments:

- You must speak with an Engagement Specialist before we will schedule another appointment. The specialist will discuss barriers to attendance and the scheduling plan moving forward.

- Your future scheduling options may be limited to off-peak hours, walk-in services or same-day appointments only.

I have reviewed and understand the no show policy.

________________________________________
Consumer Legal Name
Next steps…. Keep evaluating

In Sept/Oct 2022 we had 373 slots available for intakes

- We completed 248 intakes over the two months
- 185 of those were completed by intake staff
- 51 utilized contingency planning
- 12 were completed using prescriber no show time or through medical scheduling

We have only ONE dedicated FTE for intakes- efficiencies created in the system made it possible to maximize clinician “no show” time for new clients!

NO ONE WAS TURNED AWAY!

March to August 2022

- 51 scheduled intakes
- 20 walk-outs
Our Learning

Data, Data, Data
Using data challenged our “beliefs” about the process

Be open
We were pushed to consider new ways of business in ways that made us uncomfortable

Keep evaluating
Every change should be evaluated for desired outcome
Thank you
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