

Comprehensive Life Resources

Same Day Access Journey

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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



Post Pandemic

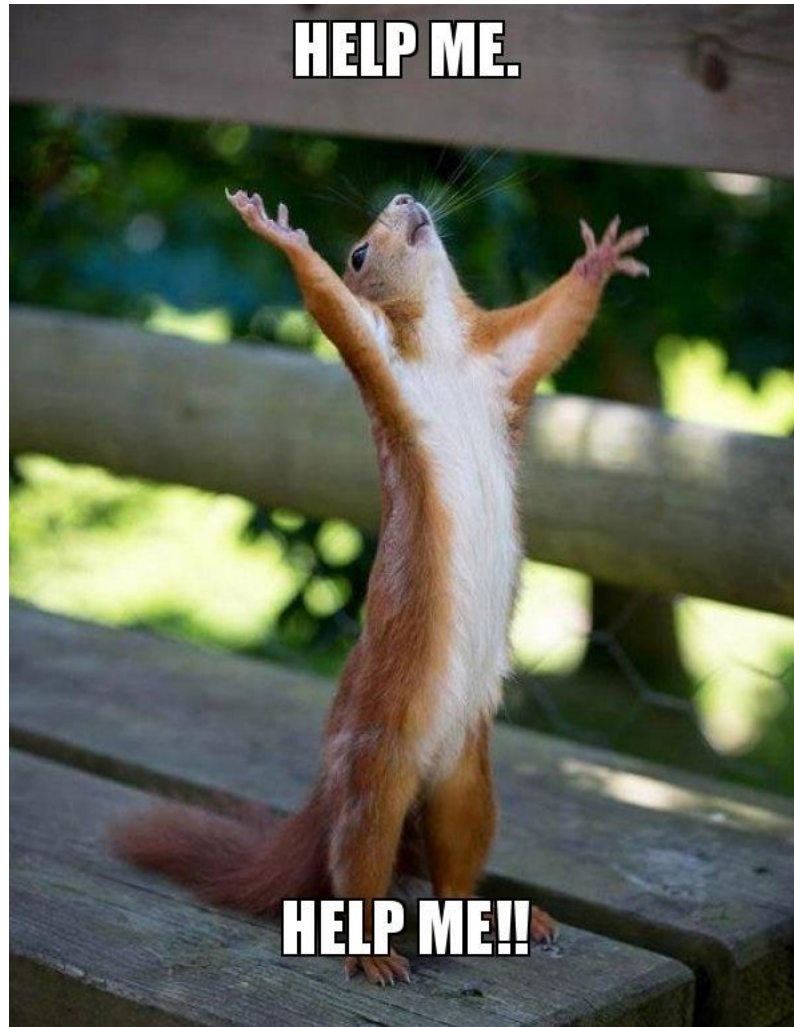
Less workforce + More need = **DISASTER**

Before SDA intervention

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

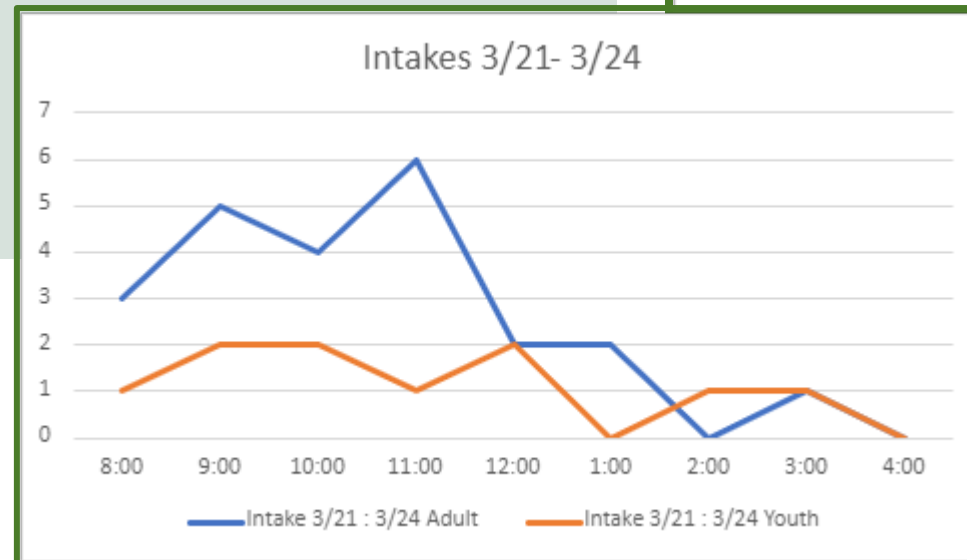
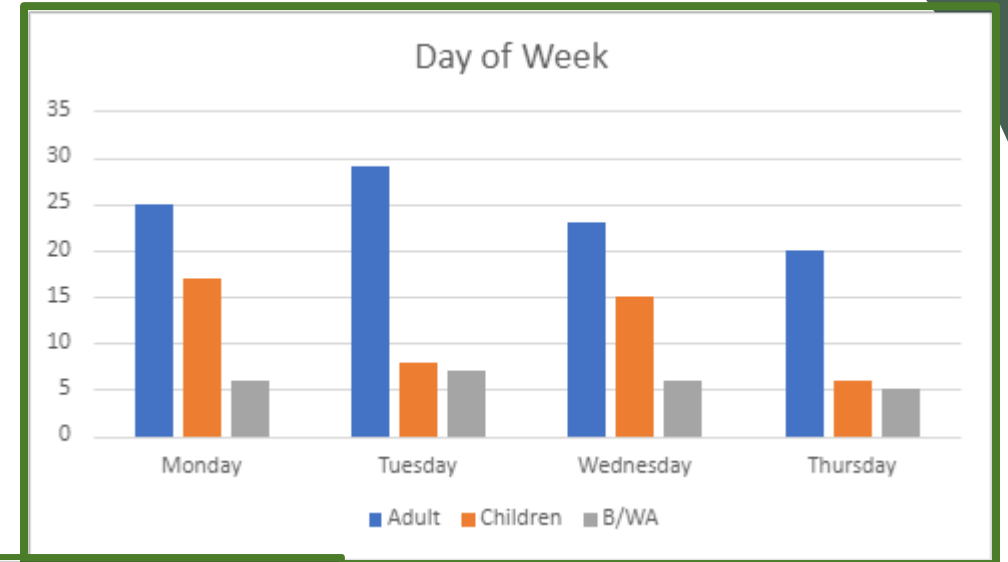


- ✓ Hired Consulting- Thank you MTM!
- ✓ Identified a design team
- ✓ Made Changes
- ✓ Evaluated progress- both quantitative and qualitative



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?

Time and Cost

Pre-Session Time = 30 min

In-Session Time = 60 min

Post-Session Time = 30 min

Average cost of ONE
intake= \$448.00 BUT

**Average reimbursement =
\$292.00**

What was our capacity

We had a minimum of 65
client slots available weekly
and a maximum of 96

We averaged about 33-40
intakes/week

Intake days/times

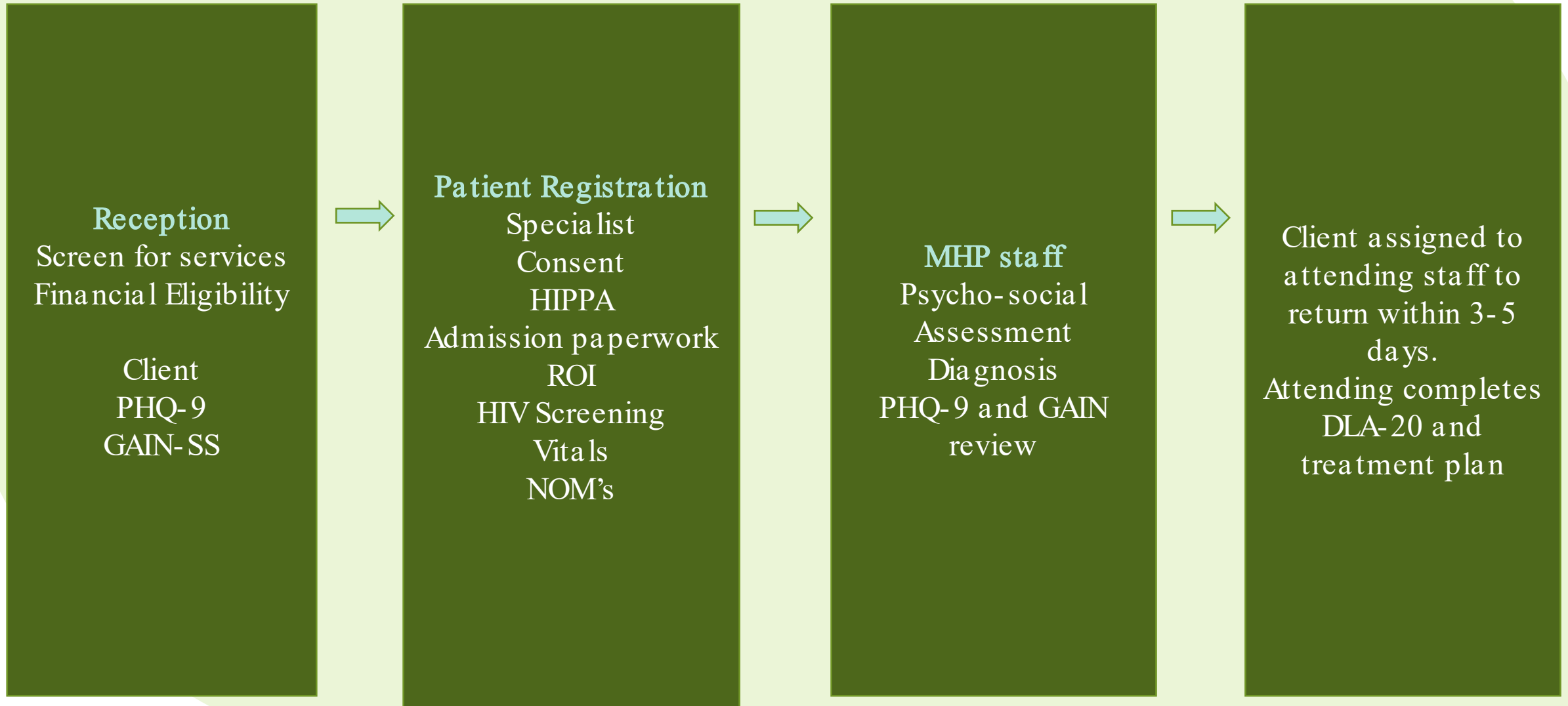
We discovered that most
youth came in the early
morning

Adults tended to come mid
to early afternoon

Very few intakes on Fridays



Change #1- Re-design the workflow to ensure administrative tasks are done by administrative staff and clinical by clinical staff



Challenge # 2- Data Collection

How to collect required data most efficiently...

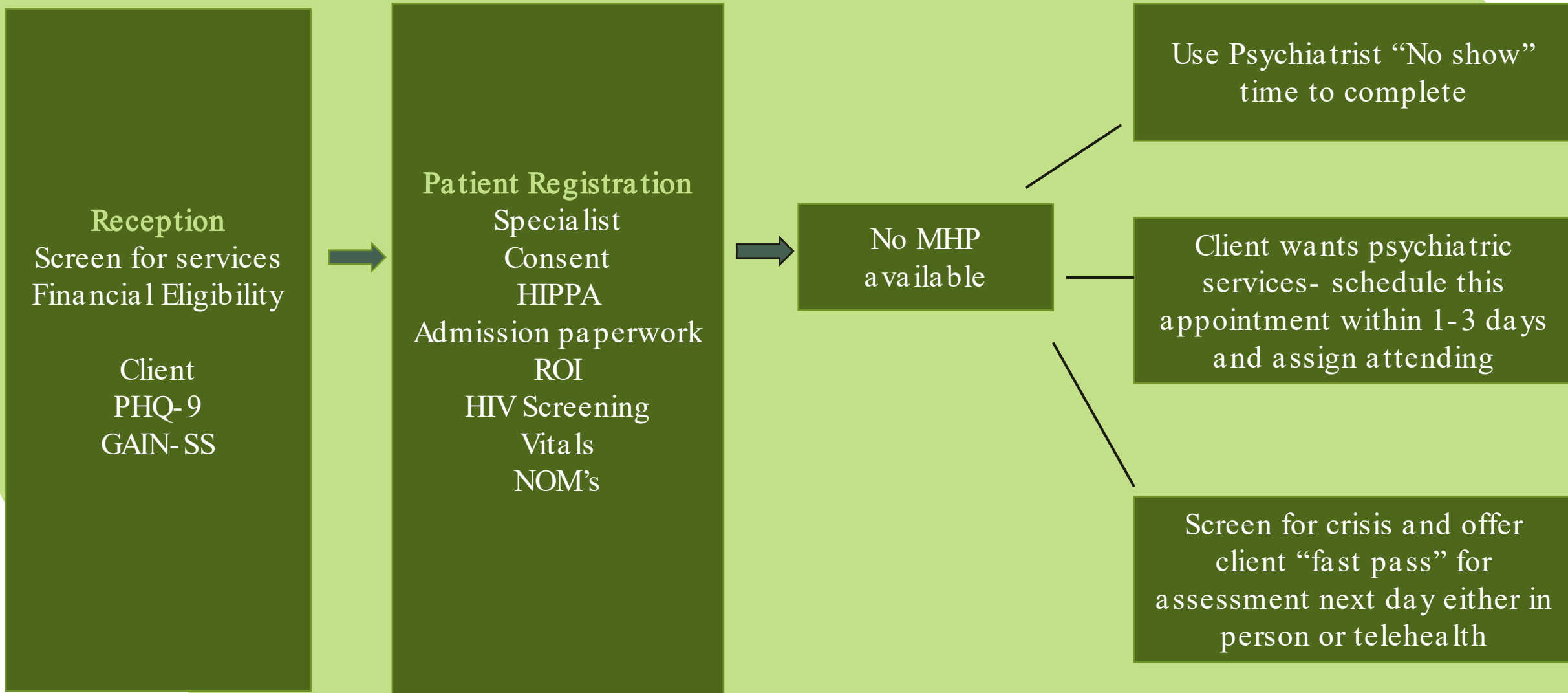
Who collects it-
client/clinical/admin

How- client
portal/paper/concurrent

Invested in data mapping which has helped this process!

**CHANGE
IS HARD
AT FIRST,
MESSY
IN THE MIDDLE
AND GORGEOUS
AT THE END.**

Challenge #3- Develop a contingency plan



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!

March to August 2022

- ✓ 51 scheduled intakes
- ✓ 20 walk-outs

NO ONE WAS TURNED AWAY!



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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