

Same Day Access Implementation Consulting for CCBHCs

Thursday, April 6, 2023

12:00-1:00 PM ET

CCBHC-E National Training and Technical Assistance Center

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

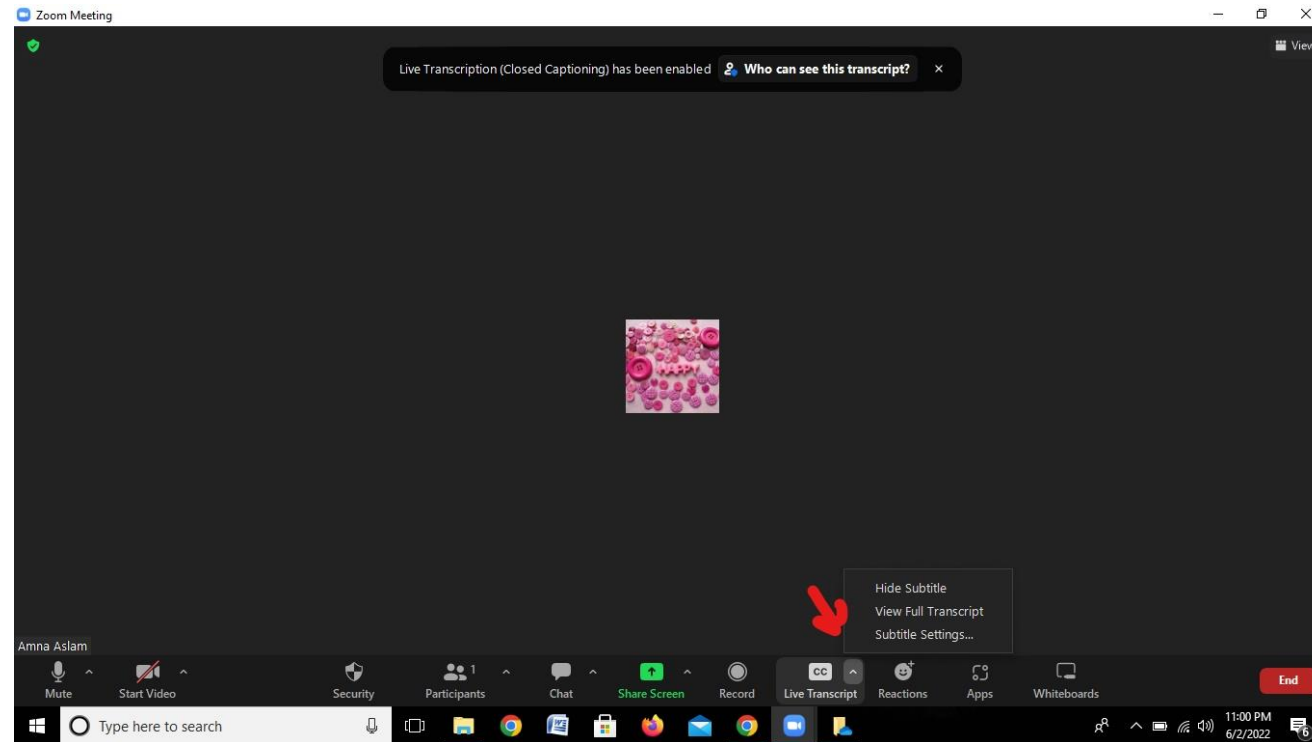
Acknowledgements and Disclaimer

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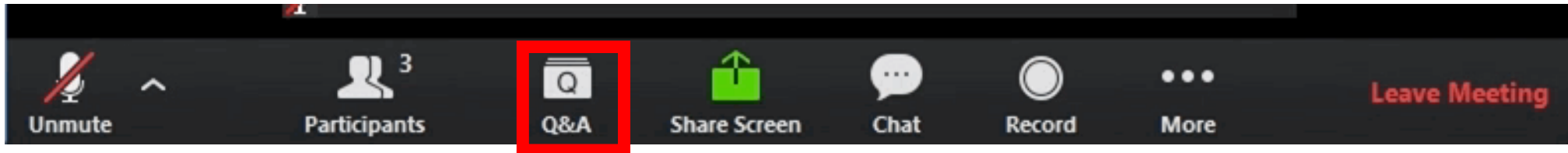


How to Enable Closed Captions (Live Transcript)

Next to “Live Transcript,” click the arrow button for options on closed captioning and live transcript.



How to Ask a Question



Please share questions throughout today's session using the **Q&A Feature** on your Zoom toolbar.
We'll answer as many questions as we can throughout today's session.

Today's Session: Slides and Recording

Slides and the session recording link will be available on the [CCBHC-E NTTAC website](#) under “Training and Events” > “Past Events” within 2 business days.

The screenshot shows the website interface with two main sections: 'Training & Events' and 'Calendar of Events'. In the 'Training & Events' section, a red arrow points to the 'Training & Events' link in the left-hand navigation menu. In the 'Calendar of Events' section, a dropdown menu is open, showing 'Future Events', 'Past Events' (highlighted in blue), and 'Apply'. A red arrow points from the 'Past Events' link in the navigation menu to the 'Past Events' option in the dropdown menu. At the top of the 'Calendar of Events' section, there are search and filter options: 'Search', 'Start Date', 'End Date', and 'Select Event'.



Today's Agenda

- Welcome
- Today's presenters
- Discuss CCBHC-E NTTAC and MTM partnership to provide SDA training
- Same Day Access (SDA) overview and what to expect
- Next steps: applying for the SDA opportunity and commitment to the process
- Q&A

Today's Presenters



Clement Nsiah, PhD, MS
Director
National Council for Mental Wellbeing



Scott Lloyd
President
MTM Services



Joy Fruth, MSW
Lead Process Change Consultant
MTM Services

Setting the Stage

- Providing timely access to care is a critical aspect of being a CCBHC organization.
 - CCBHC-E organizations share that providing increased and/or improving access to service/care for all patients is a top priority and believe this can be achieved by utilizing an effective Same Day Access (SDA) model.
 - The CCBHC-E NTTAC is partnering with MTM Services to provide implementing SDA training up to 30 CCBHC-E organizations who are currently challenged in meeting the CCBHC access criteria.
- To access this opportunity, CCBHC-E organizations must submit applications to be selected
 - It is a free opportunity sponsored by the CCBHC-E NTTAC
 - **Your agency's commitment to this process is critical** – full rollout to implementation will take about 9 to 12-months



Same Day Access:

Exceed CCBHC Access Requirements Without Adding Staff!





Scott Lloyd

President of MTM Services, Lead SPQM Data Consultant and Senior National Council for Mental Wellbeing Consultant

- 10 years in a private-for-profit industry
- 24 years in the CBHO, CSB, CCBHC environment (*Since 1998*) working with an amazing team of consultants
- Has worked with more than 1,000 organizations in 48 states, Washington, DC, and 2 foreign countries in all service disciplines
- Author or Co/Author of Books on the use of data and costing.
- The data in this presentation is tied to that experience working to help teams make substantive change every day



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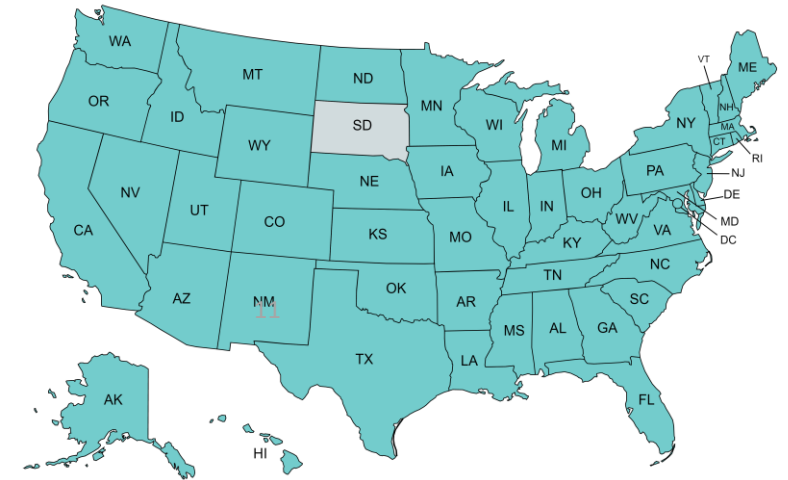


Experience –

Improving Quality in the Face of Healthcare Reform

“Working to help organizations deliver the highest quality care possible, while improving the quality of life for those delivering the care!”

- ▶ MTM Services has delivered consultation to over 1,000 providers (MH/SA/DD/Residential) in 49 states, Washington, DC, and 2 foreign countries since 1995.
- ▶ **MTM Services’ Access Redesign Experience** (*Excluding individual clients*):
 - 5 National Council Funded Access Redesign grants with 200 organizations across 25 states
 - 12 Statewide efforts with over 300 organizations
 - Over 30,000 individualized flow charts created
- Leading CCBHC Set up and/or TA efforts in 5 states





Scott Lloyd
President



David Lloyd
Founder, Chief Operations Officer



Michael Flora M.B.A., M.A.Ed., L.P.C.C., L.S.W.
Lead Operations Consultant



Joy Fruth M.S.W.
Lead Process Change Consultant



Charlie Grantham
Lead IT and Process Optimization Consultant



Annie Jensen M.S.W., L.C.S.W.
Senior DLA-20 Consultant



David Swann M.A., L.C.A.S., C.C.S., L.P.C., N.N.C.
Senior Integrated Healthcare Consultant



Valerie Westhead MD
Medical Operations Consultant



Kyle Caron MPH, MBA
Associate Consultant



Meagan Foster MPS, PSM 1
IT Project Management Consultant



Kathy Hagen
Same Day Access Consultant



Leslie Jackson
Criminal Justice Relationship Consultant



Scott McFarlane
Criminal Justice Relationship / Interaction Consultant



Jennifer Hibbard
Operations Consultant



Willa Presmanes M.Ed., M.A.
Medical Necessity Expert and Co-Author of the DLA-20



Katherine Schroeder LMHC, MCAP, WQCS
Process Change Consultant



Scott Westbrook MSW, LCSW
CCBHC / DLA-20 Consultant



Jodie Giboney
Director of Operations and Client Navigation



Marian Bradley
Operations Project Manager & Client Navigation



Jennifer Senechal
Chief Financial Officer



What Does Access Actually Mean?



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What Does Access Actually Mean!?

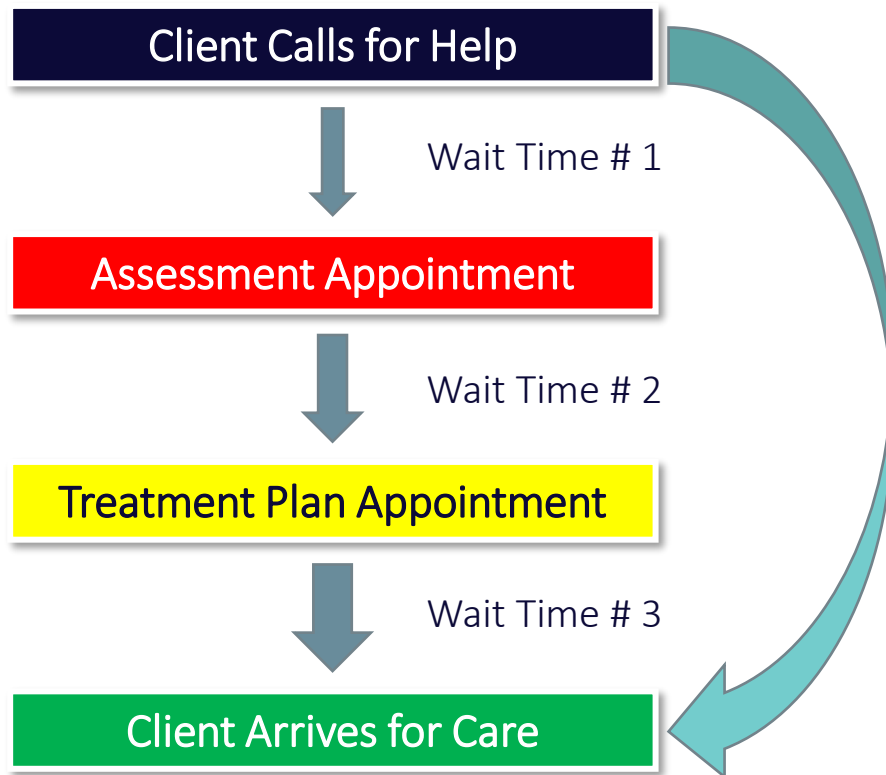
How Does Your Organization Define Access to Care!?

Does That Definition Match Your Consumers?!



What Does Access Actually Mean!?

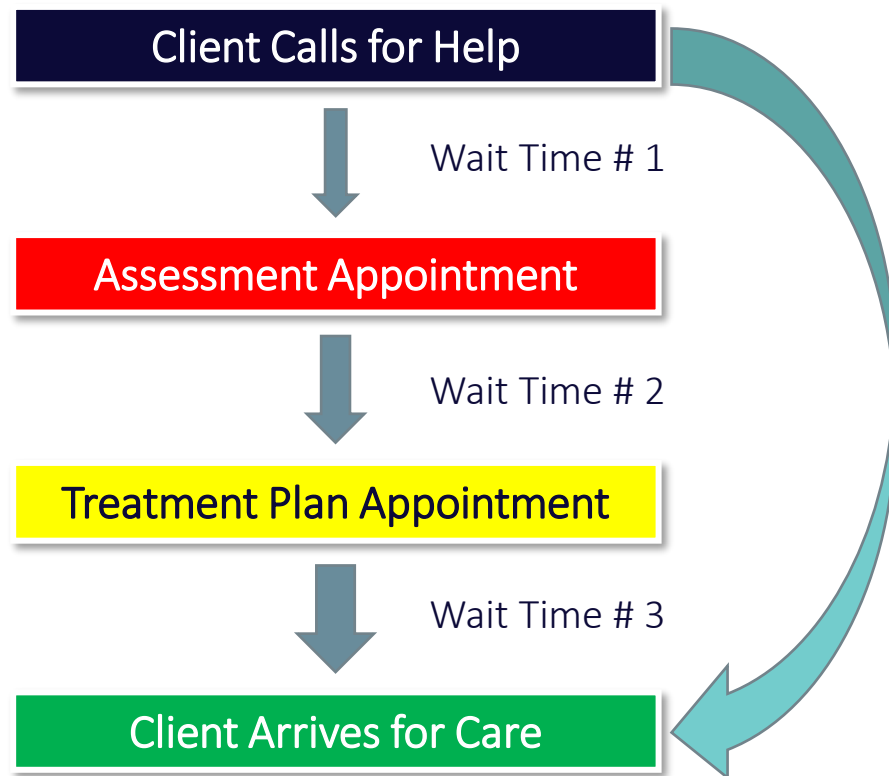
Defining Access...Based upon over 30,000 Access Flows...



Organizational View -
Client's View -

What Does Access Actually Mean!?

Defining Access...Based upon over 30,000 Access Flows...



Access System Realities -

1. Client vs Agency View.
2. The False Reality of Full.
3. The Impact of Silos.
4. Mission versus Reality.
5. Huge Engagement Opportunity.
6. Clients Voting with their Feet.

Same Day Access Defined -

Same Day Access is the process of establishing the appropriate staffing and systems needed to offer a full Diagnostic Assessment with a Therapist on the same day it is requested to all consumers, without a scheduling delay or waitlist. This *unscheduled* assessment determines what services are clinically appropriate, greatly improves consumer satisfaction and engagement, while also eradicating no-shows in the assessment process!

Resetting our Reality...

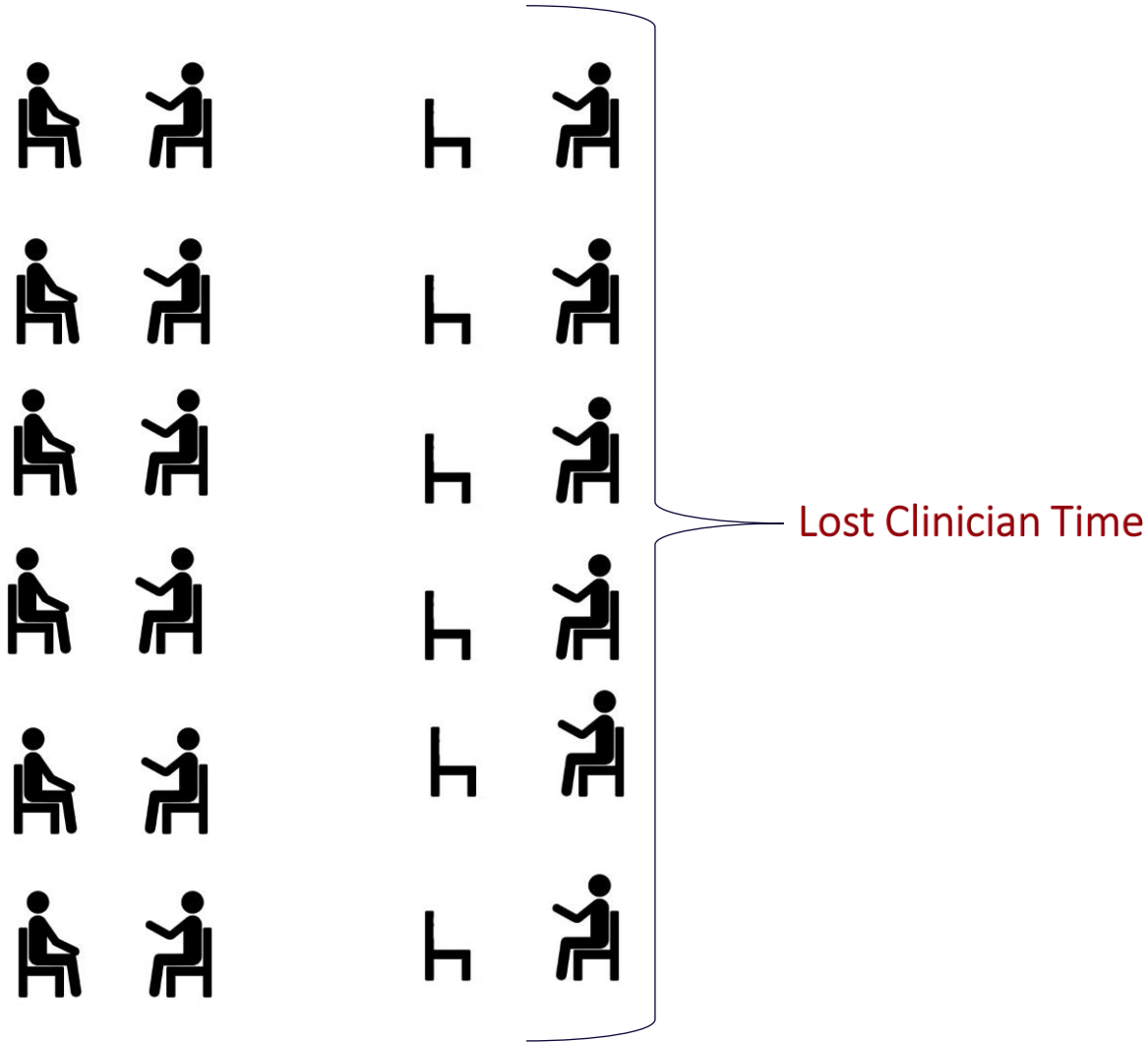
We are CCBHCs and the standard is having a consumer to an **Assessment within 7-10 days.....**

So why would we do SDA!?

Same Day Access Consultation –

Return on Investment includes:

1. An instant increase in client show rates to 100%,
2. An increase in engagement that leads to an improvement in outcomes,
3. The ability to see the same amount or more consumers with fewer staff,
4. A wholistic system change that boasts a 97% client approval rating according to client surveys,
5. Addresses important system issues with Episode of Care planning, Collaborative Documentation Training, & No Show and Engagement policies, and
6. Financially, teams see an average of an 8 to 1 return on investment in the first year based upon the efficiencies generated with those savings continuing into the future, and normally additional billings of 5-10% that are generated by the higher show rates and engagement levels.

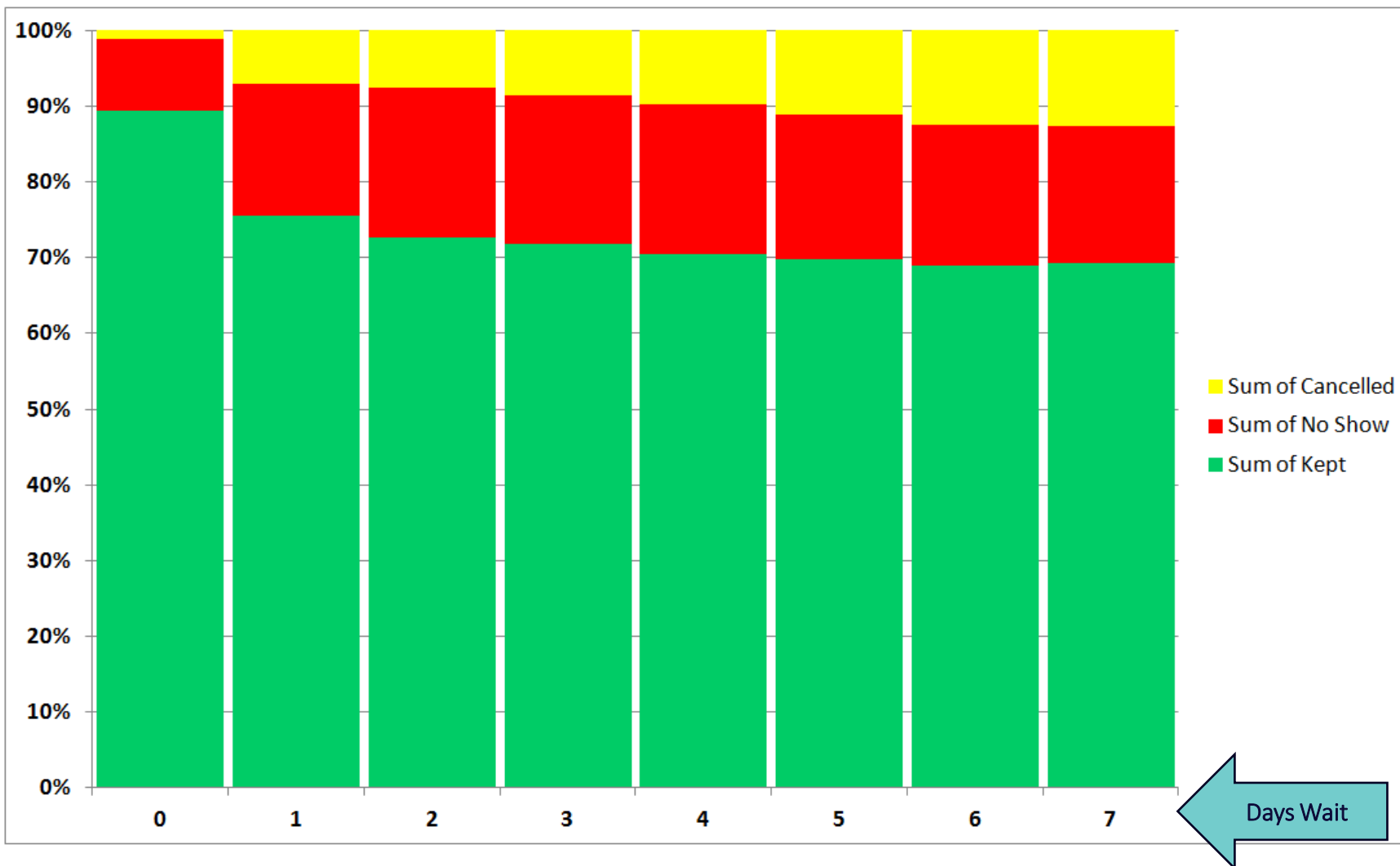


Data-driven: We only reserve staff time equal to the demonstrated need.

Fewer clinician hours are we save staff time!

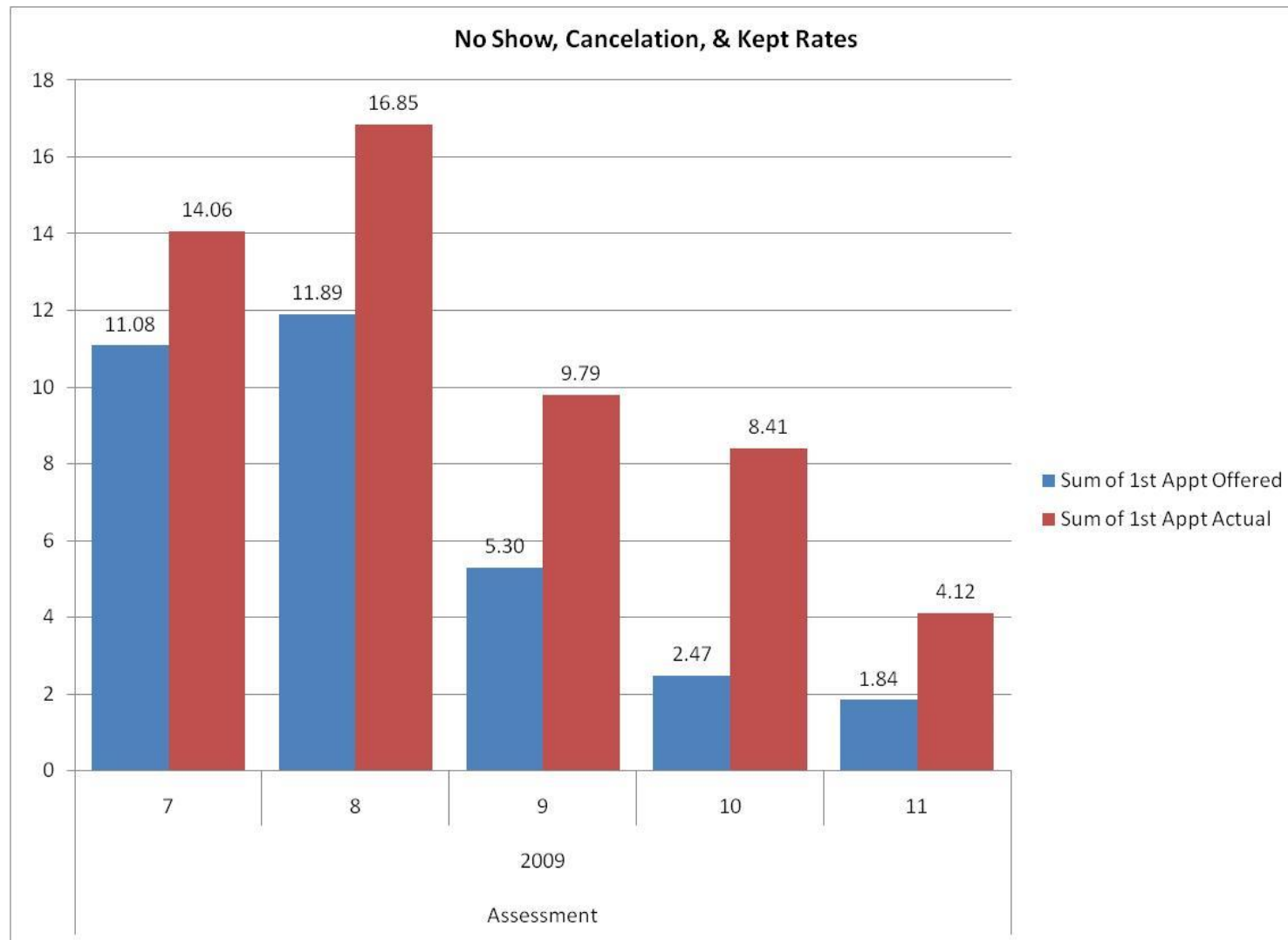


The SDA Difference vs. Scheduling



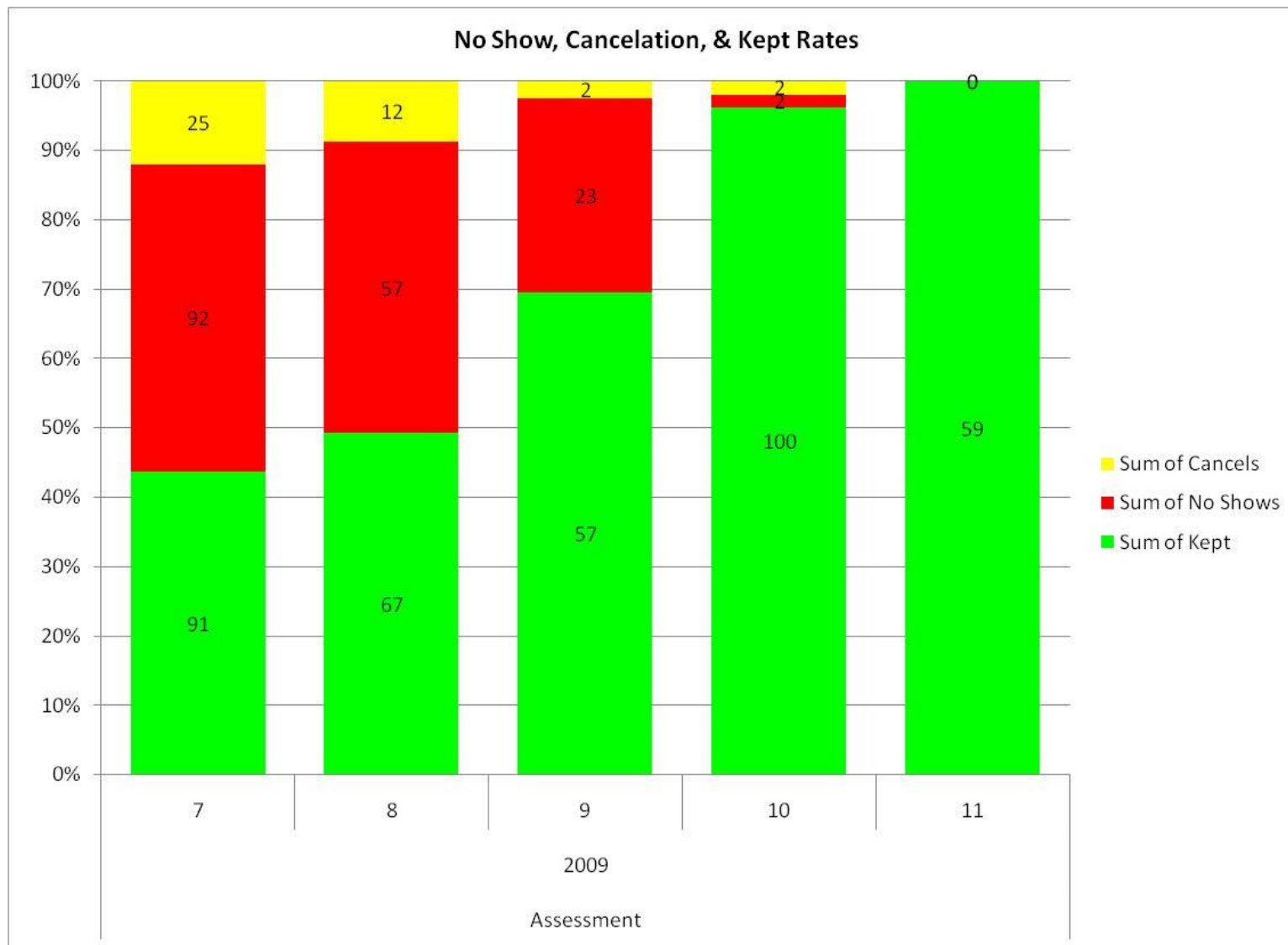
Initial Question - But what if they need to set up transportation!?

The SDA Difference vs. Scheduling



Going Back to the beginning of the SDA program, the change has been solid and shows itself quickly.

The SDA Difference vs. Scheduling



Going Back to the beginning of the SDA program, the change has been solid and shows itself quickly.

The SDA Difference vs. Scheduling

Access Comparison Worksheet				
	Total Staff Time (Hrs)	Total Client Time without Wait-time (Hrs)	Cost for Process	Total Wait-time (Days)
Old Process Averages:	4.94	3.35	(\$347.20)	45.72
New Process Averages:	3.74	2.85	(\$265.95)	25.81
Savings:	1.20	0.50	\$81.25	19.92
Change %:	24%	15%	23%	44%
Avg. Number of Intakes Per Month			24,349.20	
Intake Volume Change %:			10%	
Monthly Savings:			\$1,676,428.44	
Annual Savings:			\$20,117,141.29	
Average Savings Per Center:			\$135,926.63	



The sample size of this change information is taken from 169 organizations in 25 states.

Average Savings Per Center is based upon Fewer Organizations as some teams did not need to change their staff time, only their wait time

We tried SDA (*or heard of someone else trying it*) and it didn't work!

Were you doing SDA to Fidelity!?

Top 5 Signs You are Not Maximizing Same Day Access



5

YOU HAVE NO-SHOWS FOR ASSESSMENTS

By definition, Same Day Access utilizes *unscheduled* assessments – clients are seen when they show up and staffing schedules are adjusted to make it work. By not scheduling assessments, organizations eliminate no-shows. Those that continue to schedule assessments **lose clinician productivity and revenue**.



4

CLIENTS WAIT LONGER THAN ONE DAY TO GET AN ASSESSMENT

It is not Same Day Access if they cannot be seen the same day. And if a client has to wait, it **doubles the likelihood they will drop out**. If you really want to get your clients into care, you must offer Same Day Access.



3

THERE'S A LONG LINE OUT THE DOOR

Long lines and **client frustration** can be eliminated by adjusting Same Day Access staffing to meet actual client demand.



2

CLIENTS ARE ROUTINELY TURNED AWAY

Staffing needs to match client demand. Making these adjustments reduces the likelihood that **you will lose that client**.



1

SAYING "FIRST-COME-FIRST-SERVED"

That phrase creates a gold rush mentality and clients assume they will have to fight to get in. Hearing this, **some clients won't even bother to try**. If you design Same Day Access correctly, there is enough access for all.



The #1 Reason that Change Efforts Fail -

Teams come into the change process looking to alter what they are doing now instead of looking at what it will take to actually make a substantive change....

Partial Implementation or Cherry Picking the Change...

The best way to overcome this is to tie to a solid change reason with a solid change target with Data...

Change - (Verb) - Alter, vary, modify. To make or become different. **Change** implies making either an essential difference often amounting to a loss of original identity or a substitution of one thing for another.

What has to be overcome ...

- *For decades we have set our systems up to what might happen instead of what is happening.*
- *Very often we have set our systems up for what is best for us more than what is best for our consumers.*
- *We have convinced ourselves that talking about a change/going through the motions is as good as actually making a measurable & impactful change.*
- *COVID has magnified the challenges in our systems created by the points above.*
- *A Waitlist is the equivalent of not serving someone.*

What Does Access Actually Mean!?

How did we get to here?!

System Noise –

*Anything that keeps staff from being able to do the job they want to do:
Helping consumers in need!*

More Importantly, what do you do about it!?



Joy Fruth, MSW

Lead Process Change Consultant and National Council for Mental Wellbeing Consultant

- 17 years in healthcare/mental health as a clinician and administrator.
- 13 years as a consultant with MTM Services primarily assisting organizations with Access Redesign.



An Opportunity...



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Same Day Access Consultation Support

- What you get:
 - Consultation support from MTM Services' experts to help you implement Same Day Access.

Walk In Intake/Assessments a 0% No Show Model

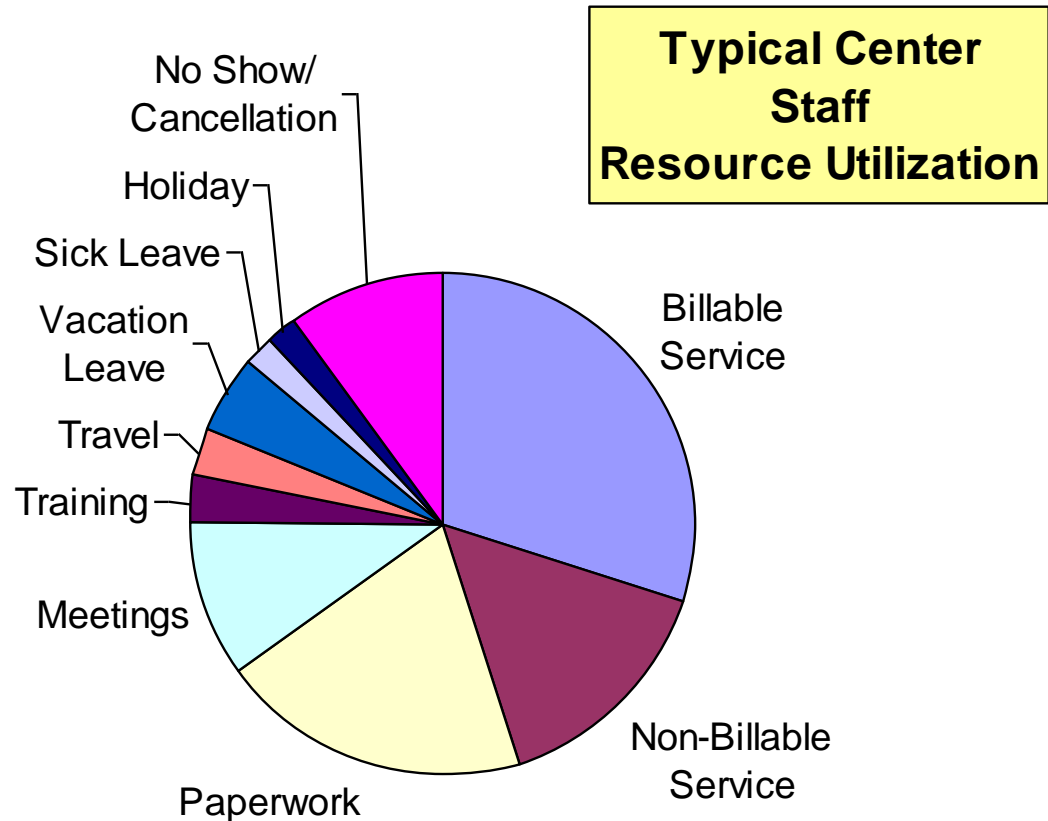
Your Set Up Steps for Success!

1. Measure your current access reality and set targets (0% No Show Rate, 1st appt. within 7-10 days).
2. Adjust your Documentation (Assessments no longer than 60 minutes).
3. Choreograph SDA throughput.
4. Determine your Organization's Demand & Optimal Hours of Operation.
5. Select Your Staffing Model and Back-Up Contingency Staff.
6. Make a Transition Plan.
7. Communicate and Go!



What Does Access Actually Mean!?

How did we get to here?!



Same Day Access fixes the front door, but what about the back door? How do we move clients through to their outcomes with greatest efficiency?

Same Day Access Consultation Support

- What you get:
 - Front Door Consultation Support - MTM Services' experts to help you implement Same Day Access.
 - Back Door Consultation Support – Expert help to implement other best practices.
 - Collaborative Documentation
 - Data Mapping
 - No-Show Management to include Engagement Specialist
 - Centralized Scheduling
 - Episode of Care / Level of Care Guidelines

- 1) Application, Selection, and Commitment.

Consultation Process

- 1) Application, Selection, and Commitment.
- 2) Gap Analysis Assessment.

Gap Analysis – Driving Change with Data

Why?

- The Gap Analysis will help us make tailored recommendations for change.

What?

- Gap Analysis will focus on access at each participating organization.
- We will measure access at your organization from first call to first *service* per the [Client Definition of Access](#).



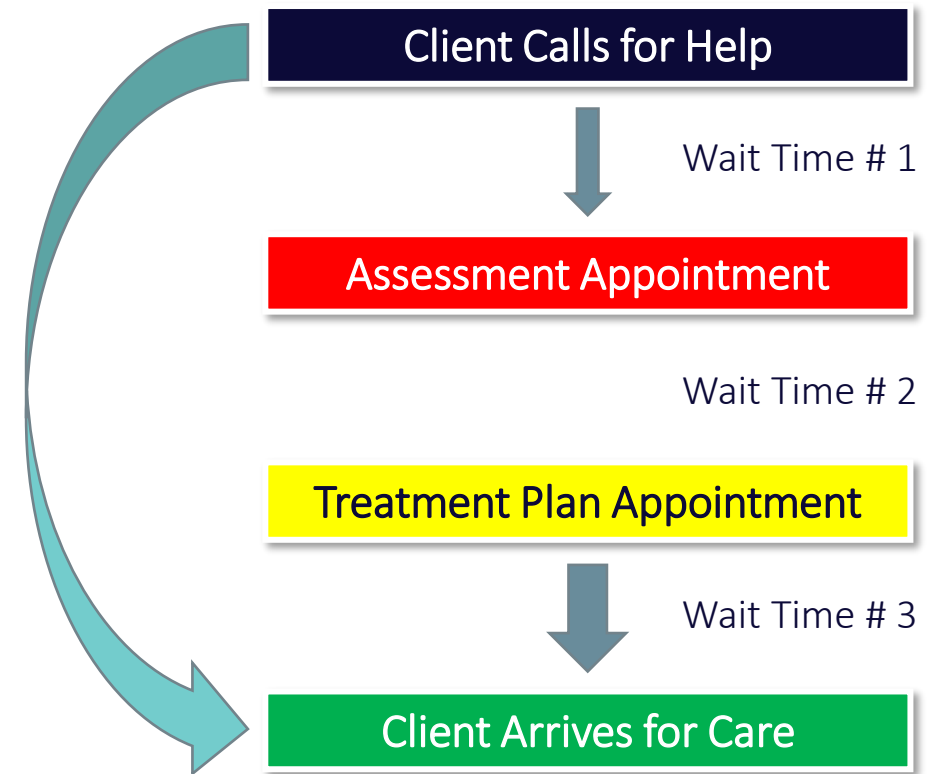
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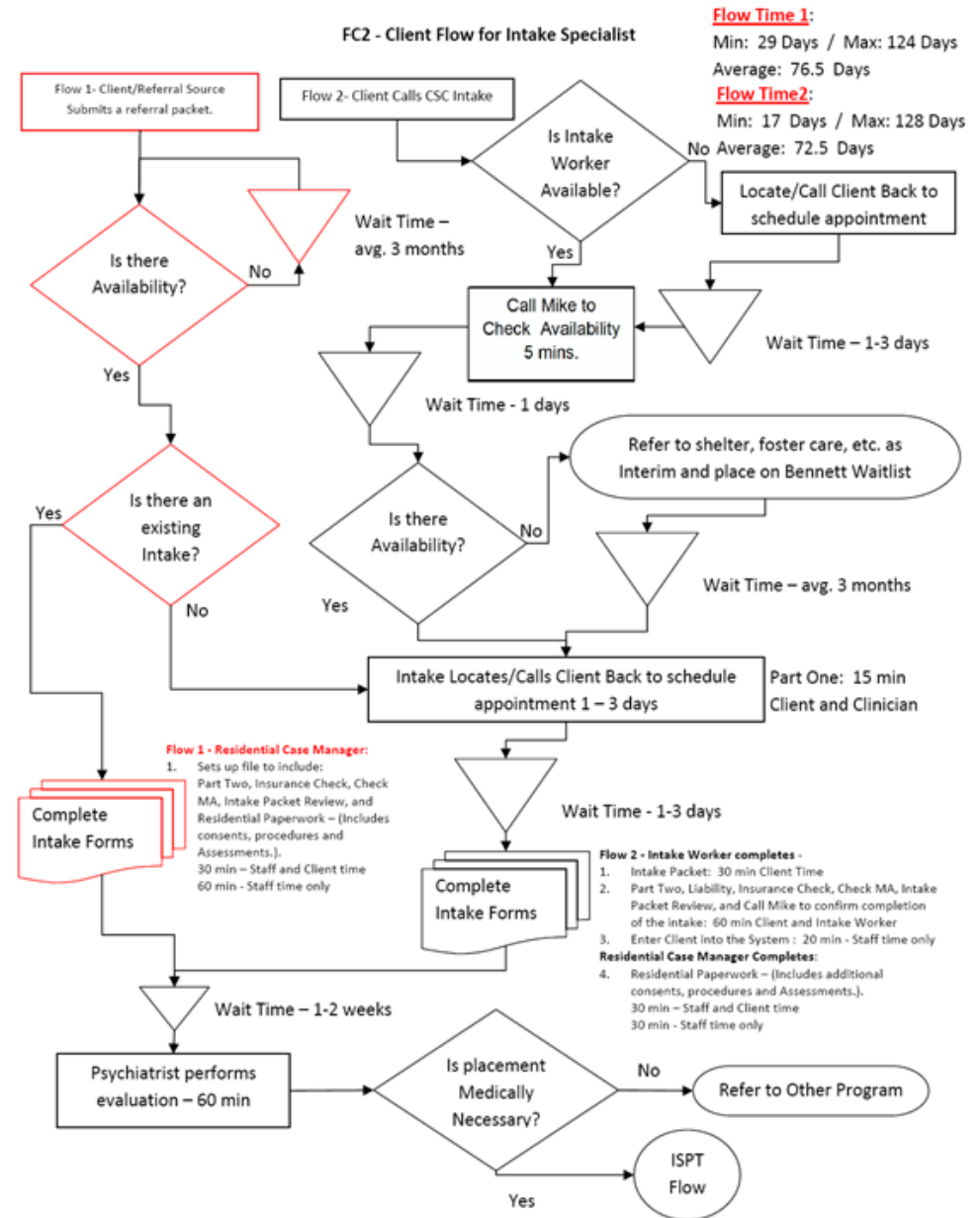
What?

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- We will measure access at your organization from first call to first *service* per the [Client Definition of Access](#).



Access Flow Chart(s)

- First Contact to First Service Process Flows
- Identify Inefficiency, Redundancy, etc.



Access Costing Summary

- Measures indicators of access:
 - Staff hours
 - Client hours
 - Wait days
 - Cost

Demographic Information				Practice/Engagement Information				Financial Information				
#	Location	Division	State	Total Staff Time (Hrs)	Total Client Time without Wait-time (Hrs)	# of Intakes Completed Per Month	Total Wait-time (Days)	Cost for Intake Process	Revenue for Intake Process	Gain/Loss per Intake	Monthly Margin	Annual Margin
1	CSB	Adult MH	GA	2.19	2.11	21	3	\$106.71	\$75.21	(\$31.50)	(\$661.47)	(\$7,937.58)
2	CSB	Adult Psychiatric	GA	2.69	2.61	15	3	\$194.21	\$208.57	\$14.36	\$215.43	\$2,585.10
3	CSB	Adult SA	GA	2.19	2.11	21	3	\$106.71	\$75.21	(\$31.50)	(\$661.47)	(\$7,937.58)
4	CSB	Adult MH	GA	2.19	2.11	27	9	\$106.71	\$75.21	(\$31.50)	(\$850.46)	(\$10,205.46)
5	CSB	Adult Psychiatric	GA	2.69	2.61	11	9	\$194.21	\$208.57	\$14.36	\$157.98	\$1,895.74
6	CSB	Child MH	GA	2.32	2.23	41	9	\$115.46	\$75.21	(\$40.25)	(\$1,630.06)	(\$19,560.69)
7	CSB	Child Psychiatric	GA	3.07	2.98	11	15	\$246.71	\$208.57	(\$38.14)	(\$419.52)	(\$5,034.26)
8	CSB	Adult MH	GA	2.19	2.11	24	3	\$106.71	\$75.21	(\$31.50)	(\$740.21)	(\$8,882.53)
9	CSB	Adult Psychiatric	GA	2.69	2.61	14	11	\$194.21	\$208.57	\$14.36	\$201.06	\$2,412.76
10	CSB	Child MH	GA	2.57	2.48	24	9	\$132.96	\$75.21	(\$57.75)	(\$1,357.09)	(\$16,285.03)
11	CSB	Child Psychiatric	GA	3.32	3.23	14	15	\$264.21	\$208.57	(\$55.64)	(\$778.94)	(\$9,347.24)
12	CSB	Adult SA	GA	2.11	2.11	24	3	\$100.88	\$75.21	(\$25.67)	(\$603.13)	(\$7,237.53)
13	CSB	Child SA	GA	2.23	2.23	24	9	\$109.63	\$75.21	(\$34.42)	(\$808.75)	(\$9,705.03)
14	CSB	Adult MH	GA	2.19	2.11	13	5	\$106.71	\$75.21	(\$31.50)	(\$401.60)	(\$4,819.25)
15	CSB	Adult Psychiatric	GA	2.69	2.61	4	8	\$194.21	\$208.57	\$14.36	\$50.27	\$603.19
16	CSB	Child MH	GA	2.32	2.23	13	7	\$115.46	\$75.21	(\$40.25)	(\$513.17)	(\$6,158.00)
17	CSB	Child Psychiatric	GA	3.07	2.98	4	12	\$246.71	\$208.57	(\$38.14)	(\$133.48)	(\$1,601.81)
18	CSB	Adult SA	GA	2.19	2.11	13	5	\$106.71	\$75.21	(\$31.50)	(\$401.60)	(\$4,819.25)
19	CSB	Child SA	GA	2.32	2.23	13	6	\$115.46	\$75.21	(\$40.25)	(\$513.17)	(\$6,158.00)
20	CSB	Adult MH	GA	2.19	2.11	27	2	\$106.71	\$75.21	(\$31.50)	(\$834.71)	(\$10,016.47)
21	CSB	Adult Psychiatric	GA	2.69	2.61	8	4	\$194.21	\$208.57	\$14.36	\$107.71	\$1,292.55
22	CSB	Child MH	GA	2.32	2.23	27	2	\$115.46	\$75.21	(\$40.25)	(\$1,066.58)	(\$12,798.97)
23	CSB	Child Psychiatric	GA	3.07	2.98	8	3.5	\$246.71	\$208.57	(\$38.14)	(\$286.04)	(\$3,432.45)
24	CSB	Child MH	GA	2.32	2.23	3	4	\$115.46	\$75.21	(\$40.25)	(\$120.75)	(\$1,448.94)
25	CSB	Child Psychiatric	GA	3.07	2.98	3	9	\$246.71	\$208.57	(\$38.14)	(\$114.42)	(\$1,372.98)
26	CSB	Child SA	GA	2.32	2.23	3	4	\$115.46	\$75.21	(\$40.25)	(\$120.75)	(\$1,448.94)
27	CSB	Adult MH	GA	2.19	2.11	27	14	\$106.71	\$75.21	(\$31.50)	(\$842.58)	(\$10,110.97)
28	CSB	Adult Psychiatric	GA	2.69	2.61	29	7	\$194.21	\$208.57	\$14.36	\$409.31	\$4,911.69
29	CSB	Child MH	GA	2.32	2.23	27	15	\$115.46	\$75.21	(\$40.25)	(\$1,076.64)	(\$12,919.72)
30	CSB	Child Psychiatric	GA	3.07	2.98	29	11	\$246.71	\$208.57	(\$38.14)	(\$1,086.94)	(\$13,043.31)
31	CSB	Adult SA	GA	2.19	2.11	27	7	\$106.71	\$75.21	(\$31.50)	(\$842.58)	(\$10,110.97)
32	CSB	Child SA	GA	2.32	2.23	27	4	\$115.46	\$75.21	(\$40.25)	(\$1,076.64)	(\$12,919.72)
Average				2.50	2.42	17.73	7.11	(\$152.83)	(\$125.22)	(\$27.61)	(\$525.03)	(\$6,300.36)
Total Number of Intakes Per Month										514		
Total Monthly Margin:										(\$14,881.74)		
Total Annual Margin:										(\$178,580.93)		

Gap Analysis

How?

- Gap Analysis is conducted in a series of three meetings:
 - 1) GAP I and
 - 2) GAP II
 - Each meeting is 2 hours.
 - Both meetings should include only direct services staff, no leadership
 - Staff who have contact with clients from first call to first service.
 - 3) GAP Review
 - This is a 1-hour meeting.
 - This is leadership's opportunity to review the Gap Analysis deliverables.

Consultation Process

- 1) Application, Selection, and Commitment
- 2) Gap Analysis Assessment
- 3) Same Day Access Implementation



Same Day Access Consultation

Rapid Cycle Change is Expected!

- 7 to 12-month cycle to implement Same Day Access.
- Monthly, 2-hour meetings with MTM Services consultants.
- Implementation Support for any other efficiency needs as identified in the Gap Analysis.
- Access to MTM Services toolkit – calculators, policy examples, job descriptions, etc.

Getting Started



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How do I apply?

Application Process

- Deadline: please complete the application no later than April 21, 2023.
- Link: [Same Day Access Application](#)

Questions?



Thank You

Scott.Lloyd@mtmservices.org

Joy.Fruth@mtmservices.org

See our outcomes, resources and more...

www.mtmservices.org

MTMSERVICES HOME SERVICES VALUES OUTCOMES RESOURCES ABOUT US CONTACT

Driving transformational change

Helping healthcare providers achieve meaningful outcomes

Solving Problems

MTM's tailored consulting services combined with state-of-the-art analytical tools solve problems and produce measurable outcomes for healthcare providers and individuals.

FIND OUT MORE

Value Driven Consulting

Organizations that are positioned for success in an integrated healthcare system are defined by their willingness to embrace five essential service delivery practice values.

FIND OUT MORE

Outcomes

MTM helps primary and specialty healthcare providers achieve meaningful outcomes for individuals and implement services that improve staff efficiency and morale.

FIND OUT MORE

NatCon23 Pre-Convening for Grantees

- On **April 30th from 1 – 5 p.m. PT**, the CCBHC-E NTTAC is hosting an in-person convening for all CCBHC grantees at National Council's Annual Conference (NatCon23) in Los Angeles, CA.
- **Free** for all current grantees (expansion, PDI, IA)! Registration for NatCon23 is not required to attend.
 - Up to two (2) individuals from CCBHC grantee organization may attend. Attendees may be any member of the CCBHC implementation team.
- **Why should you attend?**
 - To learn from other grantees and make connections that will help your organization grow
 - To showcase your CCBHC implementation best practices OR learn from others' best practices
 - For peer-to-peer engagement opportunities with other CCBHCs
- Interested?
 - Registration is through the NatCon23 portal – [enter code CCBHCE2023](#) – on the Special Events, Preconference & Optional Purchases Page
 - Already Registered for NatCon23? Email Conference@TheNationalCouncil.org to add the convening to your existing NatCon23 registration.

CCBHC-E TTA Center Website



Access our ever-growing resource library, upcoming trainings and events, and request for individualized support.

[CCBHC-E National Training and Technical Assistance Center](https://www.nationalcouncilformentalwellbeing.org/ccbhc-e-national-training-and-technical-assistance-center)




Thank You!

Thank you for attending today's event.

Slides and the session recording link will be available on the CCBHC-E

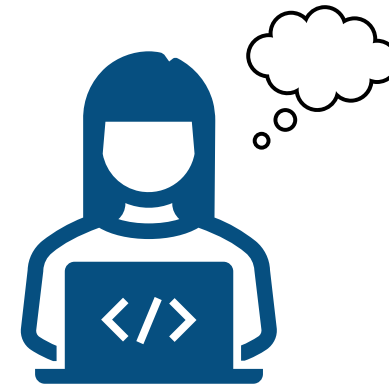
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