

Same Day Access to Care

Juneau Alliance for Mental Health, Inc. - JAMHI



Level of Readiness

Problem Statement

- Increased number of persons seeking behavioral health services; up 100+ clients from 4 years ago
- Wait times to Clinical Assessment 20-25 days
- Complicating factors: Increased demand for program accountability= more staff time spent documenting, no new revenue and higher operating costs; same number of staff
- Stage of Readiness – Stabilization /Expansion

Action/Implementation

- Kick-Off –July 30, 2012

Assessed existing intake & assessment procedures:

- Re-designed forms in effort to reduce unnecessary documentation
- Re-designed intake process to reduce client wait times

Better engaged clients to reduce no-show/cancellation rates through:

- Centralized Scheduling
 - No-show Management with Treatment Readiness Groups
 - Implementation of Collaborative Documentation pilot
 - Elimination of Friday staffing requirement for all new cases
-
- Same Day/Next Day Walk-In – effective January, 2013

Data Collection Strategy

6- Week Collaborative Documentation Pilot Project Outcomes:

- 91% clients indicated satisfaction; 97% desired to continue.
- 100% reported feeling more involved in their care than in past.
- AK average wait time went from 36.97 days to 21.76 days (savings of 15.12 days); cost for process went from \$594.71 to \$415.36. (savings \$179.35 or 30%)

Interesting observations or unexpected changes:

- Difficult to engage all staff in Collaborative Documentation
- New EHR slowed documentation and data collection
- DBH requirement of 4 month TPRs slowed down workflow
- Clients referred to Treatment Readiness Group for chronic no-shows LIKED IT!
- To date, most JAMHI clients seeking services are seen Same-Day.

Lessons Learned/Next Steps

What worked and what didn't:

- +Form revisions helped eliminate duplication
- -Forms had to be changed with new EHR
- +-Clients liked collaborative documentation more than staff

What we would differently:

- If we had a choice, would not have Same Day Access Project, Telebehavioral Health implementation, EHR implementation and Co-Occurring Disorders Initiative coinciding!

Next Steps:

- Encourage staff to use Collaborative Documentation as often as possible and practical
- Identify treatment options to deal with increased client numbers (more groups, etc).