

Which Access Model is Right for You?



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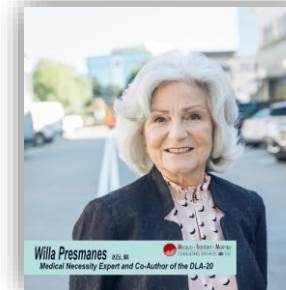
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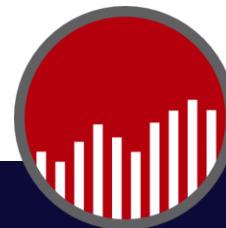
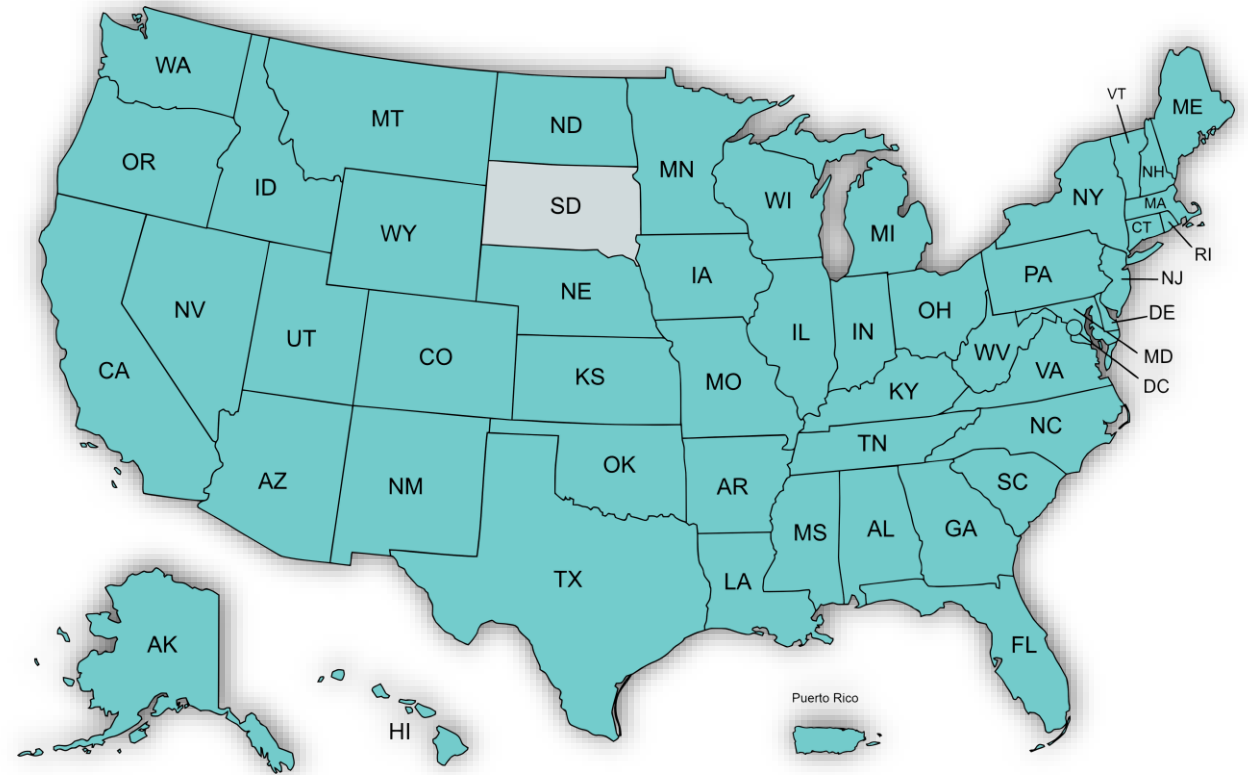
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Measure • **T**ransform • **M**aximize

Which Access Model is Right for You?



Objectives

- 1) Define various access models – scheduled and unscheduled.
- 2) Provide a basis for evaluating and determining the best access model for an organization.
- 3) Review the steps to design Same Day Access.
- 4) Discuss common Same Day Access implementation mistakes and elements of model fidelity.
- 5) Illustrate Same Day Access outcomes using case studies.

Four Basic Access Models

Fully Scheduled

- All assessments are scheduled.

Hybrid Schedule

- “Walk-in day”
- Otherwise scheduled

Walk-in

- Clients are told to walk in anytime
- Assessments are seen if there is a no-show

Same Day Access

- Unscheduled
- Clinician time is reserved for assessments

Scheduled

Unscheduled

Fully Scheduled

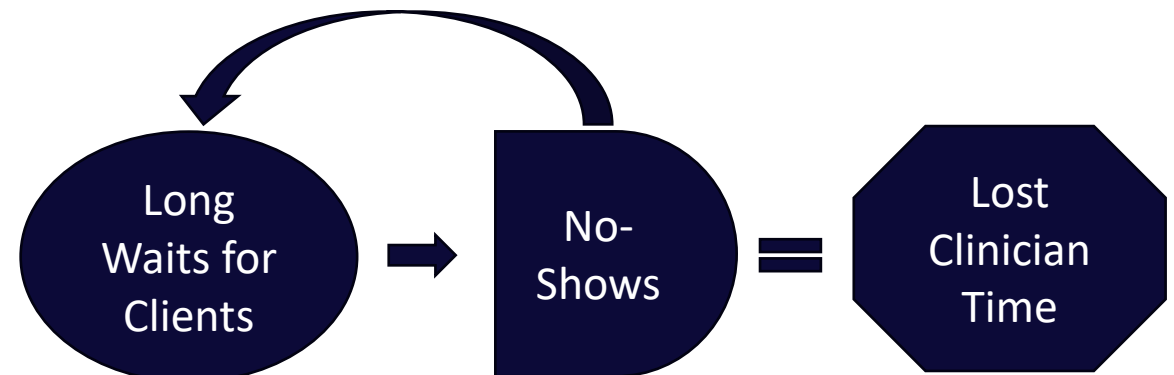
- All assessments are scheduled.



- Predictability for *staff*.



- Long Waits for clients.
- Long waits create no-shows.
- No-shows create longer waits.
- No-shows result in lost clinician time.



Fully Scheduled

- All assessments are scheduled.

Where does this model work?

- Low intake volume, approximately <10 new clients per month).
- No-show rates for assessment <10%.
- Able to schedule same day or next day.



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Same Day Access

- Unscheduled
- Clinician time is reserved for assessments

Scheduled

Unscheduled

Hybrid Schedule

- “Walk-in day”
- Otherwise scheduled



- Mostly predictable for staff, except for the walk-in day.
- Clients have a choice to come in sooner than their scheduled appointment.
- Clients are given the choice, but...



- ...no-shows still occur at the same rate.

When given the choice, most clients will choose to schedule.

Then, they will no-show at the same rate.

In the end, you will have reserved (and lost) more clinician time in this model than if you had simply committed to scheduled or unscheduled.

Weekly schedule					
Week of:		Select your schedule's start date			
	3/31/2025	4/1/2025	4/2/2025	4/3/2025	4/4/2025
	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 AM			Walk-in Wednesday		
8:30 AM		Client			
9:00 AM	Client			Client	
9:30 AM					
10:00 AM					Client
10:30 AM	Client	Client		Client	
11:00 AM		Client			Client
11:30 AM					
12:00 PM		Client		Client	
12:30 PM	Client				
1:00 PM					
1:30 PM				Client	
2:00 PM		Client			
2:30 PM					Client
3:00 PM					
3:30 PM	Client				
4:00 PM		Client			
4:30 PM					
5:00 PM	Client				Client
5:30 PM					
6:00 PM					
6:30 PM	Client				
7:00 PM					

Hybrid Schedule

- “Walk-in day”
- Otherwise scheduled



- Mostly predictable for staff, except for the walk-in day.
- Clients have a choice to come in sooner than their scheduled appointment.
- Clients are given the choice, but...



- ...no-shows still occur at the same rate.
- Long Wait Times for scheduled appointments persist.
- Results in the MOST lost clinician time when compared to all other access models.

Hybrid Schedule

- “Walk-in day”
- Otherwise scheduled

Where does this model work best?

- Losses of staff time are too great.
- With staffing shortages, organizations can't afford to be so inefficient with staff time.



Four Basic Access Models

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- All assessments are scheduled.

Hybrid Schedule

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- Otherwise scheduled

Walk-in

- Clients are told to walk in anytime
- Assessments are seen if there is a no-show

Same Day Access

- Unscheduled
- Clinician time is reserved for assessments

Scheduled

Unscheduled

Walk-in

- Clients are told to walk in anytime
- Assessments are seen if there is a no-show



- Good access for clients, they can walk in whenever they want, but.....



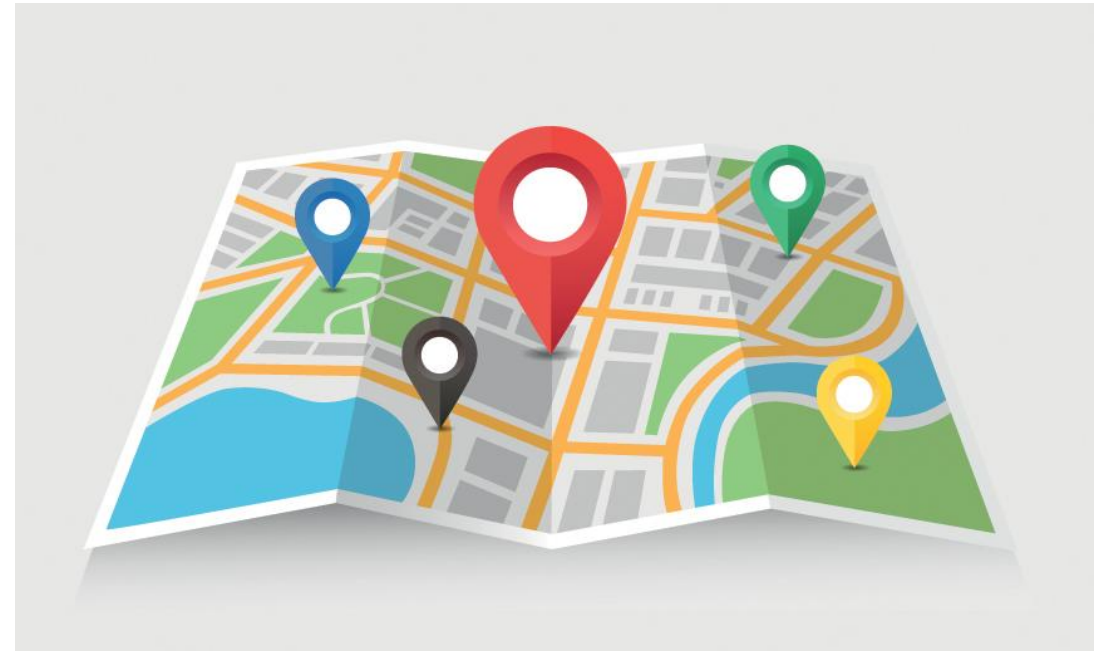
- ...there's no way to know if a no-show will occur, so the client might be turned away.
- The success of this model is dependent on established clients no-showing their therapy sessions. Why base access on anticipated failure?

Walk-in

- Clients are told to walk in anytime
- Assessments are seen if there is a no-show

Where does this model work?

- Lower volume of new clients (~10-40 new clients per month).
- Multiple locations within the same organization.
- Telehealth can be used for assessments.



Location 5:

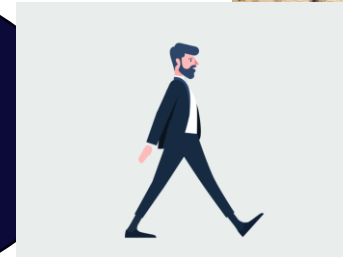


Location 1:



Location 2:

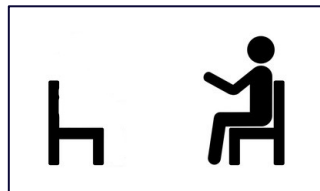
Clients walk into any location and are seen by the first clinician who has a no-show



Location 4:



Location 3:



Location 5:

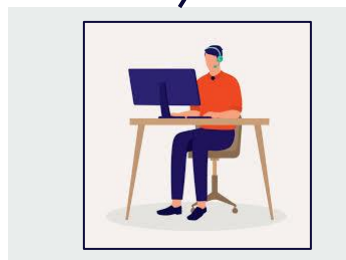


Location 1:



Location 2:

Clients walk into any location and are seen by the first clinician who has a no-show



Location 4:



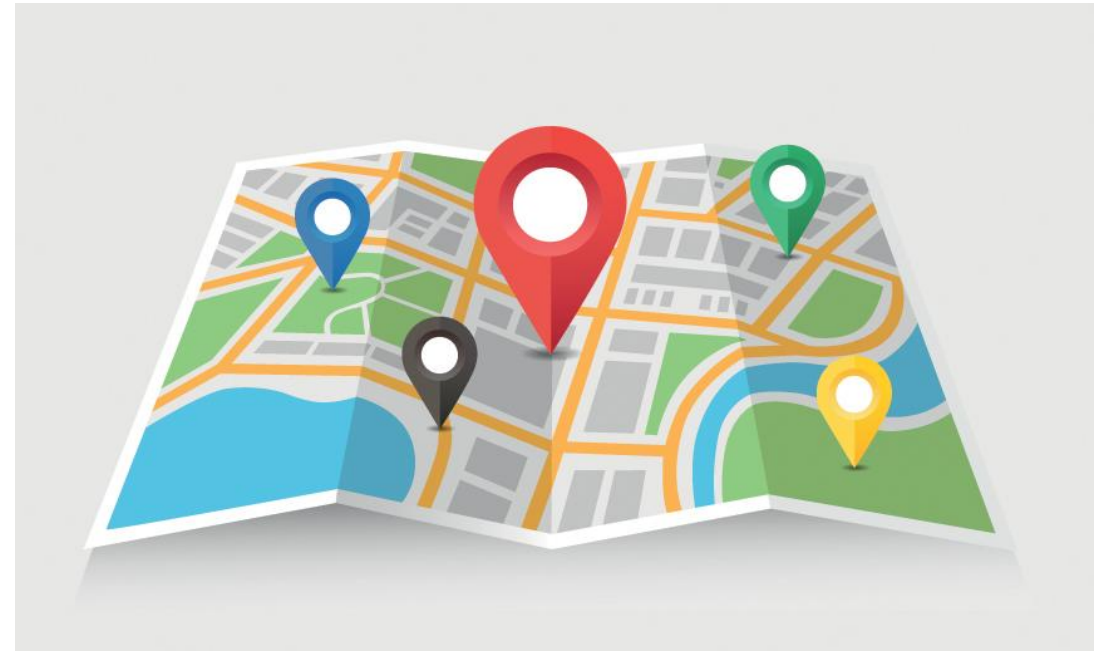
Location 3:

Walk-in

- Clients are told to walk in anytime
- Assessments are seen if there is a no-show

Where does this model work?

- Lower volume of new clients (~10-40 new clients per month).
- Multiple locations within the same organization.
- Telehealth can be used for assessments.
- As a temporary step to Same Day Access (with fidelity).



Four Basic Access Models

Fully Scheduled

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Hybrid Schedule

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Walk-in

- Clients are told to walk in anytime
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Same Day Access

- Unscheduled
- Clinician time is reserved for assessments

Scheduled

Unscheduled

Same Day Access

- Unscheduled
- Clinician time is reserved for assessments



- Quick access for clients, typically same day or next day.
- Clients choose what time they come in during the hours/days offered.
- 0% no-show rate.
- Saves staff time.
- Better client engagement - 12% average increase in intake volume.
- Meets and *exceeds* CCBHC access requirements.



- Less predictable for *staff*, but isn't client care the reason we're here?
- Occasionally, a client may be asked to return another day, but if designed correctly, that is rare.

Same Day Access

- Unscheduled
- Clinician time is reserved for assessments

Where does this model work best?

- Higher intake volume > 40 new assessments per month.
- Singular or multiple locations.
- Rural or Urban environments.
- Adults or Children.
- MH or SUD.

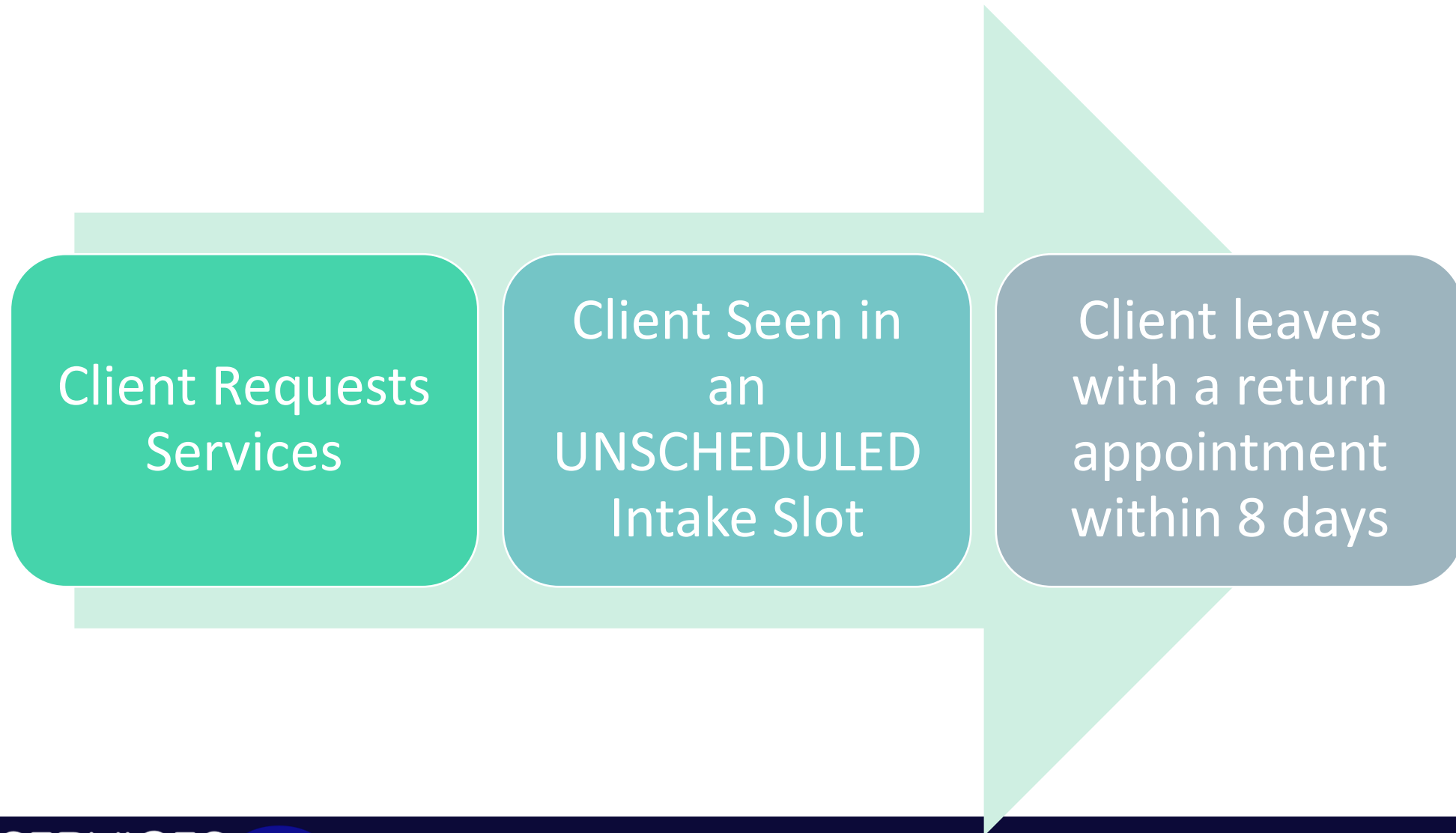
(almost) everywhere.



**SAME
DAY
ACCESS**



Same Day Access- DEFINED



The Steps to Design Same Day Access



Use client demand data to calculate clinician time needed for each location.

Location 5: 20 hours



Location 1: 20 hours



Location 2: 30 hours

Use client demand
data to calculate
clinician time needed
for each location.



Location 4: 40 hours



Location 3: 10 hours

Location 5: 20 hours



Location 1: 20 hours



Location 2: 30 hours

Add them all together
and reserve enough
clinician time to meet
TOTAL demand =
120 hours.



Location 4: 40 hours



Location 3: 10 hours



- Reserve clinician hours on the schedule.
- Determine your published hours. (These are never the same as the clinician hours.)
- Script the initial phone call.
- Create Contingency Plans.
- Plan your transition.



Common Implementation Mistakes



Saying “first come, first served” in the initial phone call or any language that highlights the start time.



Telling all the clients to come in at 8:00 am and then handing out stacked appointment slots for later in the day.



Offering walk-ins for registration paperwork, then once the paperwork is complete, scheduling the assessment for another day.



Using Same Day Access for the assessment, then scheduling clients weeks or months out for the first treatment session, or, putting them on a wait list.

For SUSTAINABILITY, you must “mind the back door”

- To maintain good access, you must move clients through episodes of care efficiently.
- Collaborative Documentation.
- No-show management.
- Centralized Scheduling.
- Episode of Care / Level of Care Guidelines.
- Just-in-Time Prescriber Scheduling.

Goal is to have a system of care that is an efficient, data driven provides rapid access and drives outcomes!



Learn how to build
it..

***Strategies for Minding
the Back Door***

Friday- 10:15 to 11:45am

Kathy Hagen, LICSW



What Are Unique Considerations for Children Services?

- Ensuring that children are accompanied by their LEGAL guardian
- Families seeking enrollment for multiple children at once
- Offering school-based services, but making the clients come to the clinic for an intake
- How do we accommodate working parents and school hours?
- What do we do during the summer and holiday breaks?



SDA Model Fidelity

- No scheduling assessments. Instead utilize Fast Passes when tempted to schedule.
- Never say, “First come, first served” when talking about SDA.
- If a client would wait longer than 30 minutes to see the next available clinician, initiate the contingency plan to get them seen sooner by another clinician who happens to have a no-show or a cancellation.
- Design the workflow so assessment sessions take no more than 60 minutes.
- Target a return for treatment within 5-8 calendar days.

We can help!

Same Day Access Results

- ✓ Average Reduction in Wait Days = 47%
- ✓ Average Increase in Intake Volume= 12%
- ✓ Average Savings per Center = \$128,416
- ✓ Average Return on Investment= 6 to 1



MOST IMPORTANTLY WE ARE PROVIDING ACCESS TO CLIENTS WHEN THEY NEED IT!



Case Study #1



ACADIANA AREA
HUMAN SERVICES DISTRICT



- Implemented SDA January 2024.
- Wait time to assessment when from 28 days to 0-1.
- Admission rate of 95%.
- Wait time from assessment to *first treatment* went from 22.75 days to 6.52 days.
- Total persons seen per day (not just assessment) went from 160 to 338 with 237 fewer individuals on caseloads. Clients are more engaged!!

Staff feedback

- “Same Day Access has significantly decreased waiting times for children, adolescents and their families by expediting the assessment process. “
- “The Department of Children and Family Services also recommends families access our services through SDA hours for evaluation and treatment of children and caregivers who are affected by abuse, neglect, witnessing and/or experiencing trauma and other life stressors. “
- “Some new clients are referred by families and friends who have experienced the ease of accessibility to obtain professional help for them and their children. “

Case Study #2

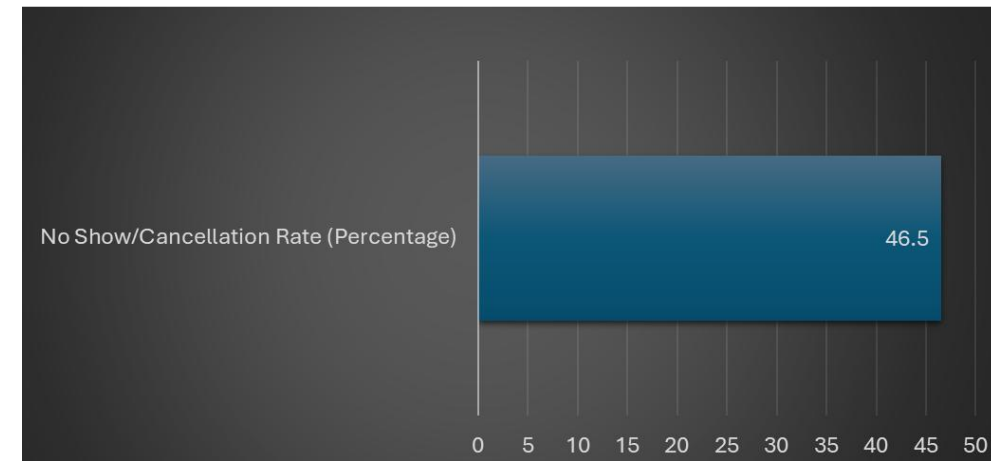
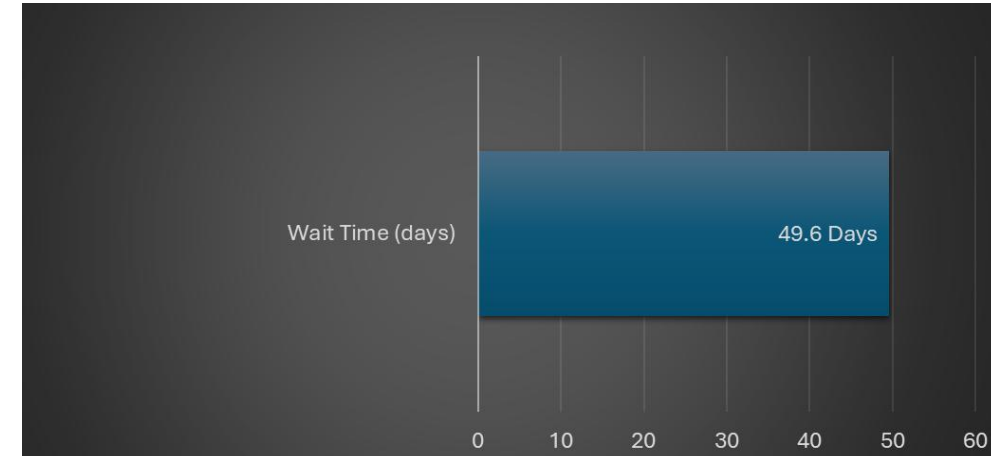


OUR DATA TELLS A STORY OF MISSED OPPORTUNITIES

Average Wait Time for Initial Assessments was 49.6dd with a No-Show of 46.5%.

In 2024, on average, only about 20% of our patients received their initial Mental Health assessment within the goal of 10 days of initial contact.

- Individuals seek care when they have symptoms that they are unable to effectively manage on their own.
- They are ready to engage, but our system is not always ready to receive them when they need the support.
- Individuals may go elsewhere for treatment, or **they may give up and stop asking for help.**



WHAT IS SDND DATA SHOWING US?

- **Average time between Intake and Initial Psychiatric Appointment: 3 business days**
- **Initial Psychiatric Appointment No-Show Rate is 27%. Prior to beginning SDND services, the no-show rate for the first psychiatric appointment was 46.5%. This is a decrease of 19.5%. We have almost cut the rate in half!!**
- **Between 9/1/24 - 2/28/25, we have completed a total of 1,304 intake appointments**

CLINIC	ALLOTTED # OF SLOTS	TOTAL NUMBER OF INTAKES COMPLETED BETWEEN 9/1/24-2/28/25	FAST PASSES (TURN AWAY EVENTS) 10/1/24-2/28/25	WALK OUT EVENTS (AN INDIVIDUAL LEAVES WITHOUT A SERVICE OR FAST PASS) 10/1/24-2/28/25
MCSC	6-8	413	132	28
SBCSC	3	262	3	13
NBCSC	3	139	4	10
GICSC	4	254	32	14
YFS SBCSC	3	118	6	6
ANCHOR POINT	3	118	4	4



PSYCHIATRY SERVICES ARE NOW ACCESSIBLE

Individuals seeking psychiatry services are scheduled with a prescriber for an initial assessment within 2 days of enrollment, on average!

The goal is to schedule initial psychiatric appointments within 7 days of enrollment.

SDND psychiatry appointments are available for individuals needing sooner appointments.

These psychiatry appointments are available center-wide.

Case Study #3



COMPREHENSIVE
LIFE RESOURCES

A Certified Community Behavioral Health Clinic

Sustaining the Model... Let Data Be Your Guide!

MARCH 2025 to MAY 2025

Admissions

Total Admits

231

Contingency Use

33 Fast Passes- RED

ALERT!

*(Jan/Feb- 225 Intakes
8 Fast Passes)*

Outpatient Routine Appointments

Total No shows
including cancellations

18%

Total No Shows Only

9%

Psychiatric Appointments

Total No Shows
including cancellations

12%

Total No Shows Only

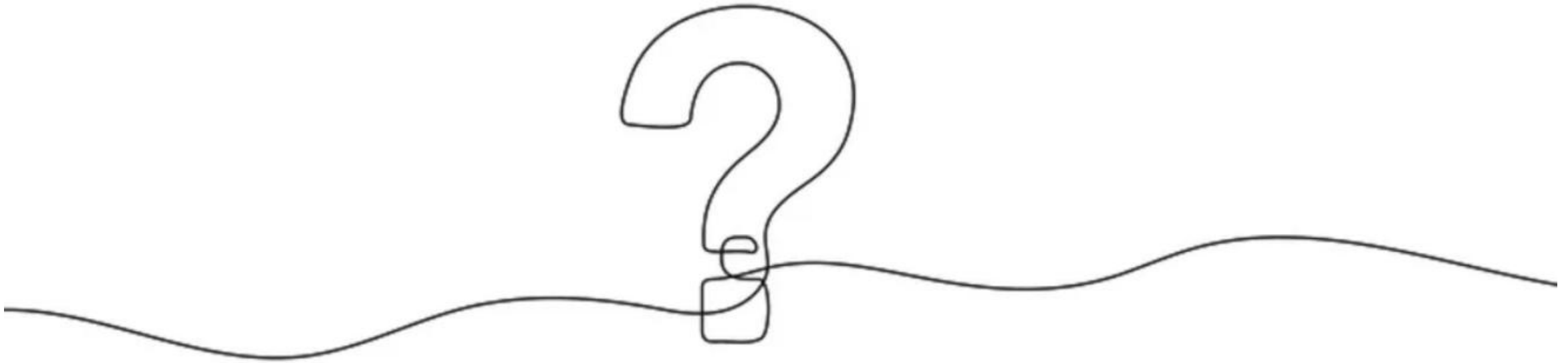
7%

Avoid the Drift....

- Quarterly walk through.
- Are scripts accurate and in place?
- What are the times to completion?
- How are you treated?



Questions, Thoughts, Reactions?



Thank You

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See our outcomes, resources and more...

www.mtmservices.org

