



APPLICATION FORM

All applications must include the following information. Separate applications must be submitted for each eligible program. **Deadline: June 1, 2016.** Please include this application form with electronic entry.

PROGRAM INFORMATION

County: _____

Program Title: _____

Program Category: _____

CONTACT INFORMATION

Name: _____

Title: _____

Department: _____

Complete Mailing Address: _____

Telephone: _____ Website: _____

Email: _____

SIGNATURE OF COUNTY ADMINISTRATOR OR CHIEF ADMINISTRATIVE OFFICER

Name: _____

Title: _____

Signature: _____

VaCo Award Application

Same Day Access (SDA)

Chesterfield Mental Health Support Services

Submitted by Susan Medeiros, Assistant Director of Clinical Services

Abstract:

Mental Health Support Services (MHSS) of Chesterfield County, the public behavioral health authority for 5 magisterial districts in central Virginia, implemented Same Day Access for the citizens of our County in July 2015. Same Day Access is a systemic model that, when fully implemented, allows individuals immediate access to a behavioral health intake and assessment for mental health and substance use disorder services. Through a planful review and revision of case load management and client length of stay, instituting centralized scheduling and collaborative documentation, and reorganizing the intake and assessment processes and staffing – SDA allows the organization to accept individuals seeking services on their time table not the organizations. With a more customer friendly approach to service intake, individuals are more engaged in the treatment provided and achieve symptom relief sooner.

Need:

Prior to the implementation of Same Day Access, individuals seeking services from MHSS could wait anywhere from 14 to more than 30 days, or longer for an appointment for an Intake and Assessment. Typically individuals seeking services from a public behavioral health organization have explored other resources and not found anything that is appropriate or exhausted those resources. By the time they arrive at MHSS's door they can be in near crisis status. Adding 2-4 weeks to their wait to receive services can for some be intolerable and for others increase their risk.

Program Description:

As Behavioral Health organizations such as MHSS look to the future we are keenly aware of the need on many levels to accommodate to the needs of our constituents for improved access to care. During the past several years, the Substance Abuse and Mental Health Services Administration (SAMHSA) has shared the initial draft of the Certified Community Behavioral Health Center standards which explicitly identifies immediate or near immediate access as a core requirement of this new standard of care.

MHSS contracted with MTM Services, a consultation firm out of North Carolina that specializes in behavioral health organizational management and efficiency training and analysis, to assist us in the preparation and implementation of redesigning our access services. The project took approximately 12 months and involved a multidisciplinary team of 17 in-house staff from all levels of the organization meeting at times weekly to monthly on various steps in this process. The consultants provided web based consultation on a monthly basis or as needed throughout the 12 month period. MTM provided an outline of assessment and analysis initiatives, tools, training and feedback throughout the project.

Access Redesign or Same Day Access begins with a thorough review and assessment of the organization's current client flow, documentation requirements, data reporting and staff work flow from intake – the demographic and non-clinical “paperwork” gathering and eligibility determination aspects of opening a case through to the clinical assessment to determine a diagnostic need for service. This review often illuminates redundancies, increases awareness of the length of time of these aspects and leads naturally into an effort to reduce or eliminate length and redundancies. Once this is accomplished, a series of techniques (listed below) are systematically applied and sometimes replace existing systems in an effort, again, to streamline the process while maintaining the key objectives of the process, namely gather sufficient information with the right staff at the right time to initiate treatment.

Techniques Used to Get Results (shared from MTM Services)

- **Streamline documentation:** Help organizations reduce their documentation requirements by focusing on the removal of repetitively captured data elements and data elements that are not required by funding or accreditation organizations and changing the answer formats used to capture data elements to reduce overall documentation time.
- **Concurrent collaborative documentation:** Eradicate post-session documentation time while increasing person-centered engagement of clients in their recovery by involving them in the creation of their clinical documentation.
- **Walk-in access models:** Implement a zero no-show model to offer more expedient access to care and increased engagement.
- **No-show management:** Use policy changes, policy enforcement, engagement specialists, and reminder back-filling programs to help clients increase their show rates and engagement levels.
- **Employee engagement and maximization of staff productivity:** Help providers get staff to buy in to change so that they can achieve their direct service staff's productivity targets.

The larger Chesterfield County government supported this effort as it has shown to have a positive impact on the accessibility of services available to the citizens of Chesterfield County and therefore adds and enhances this County's mission to be a "First Choice Community".

Technology:

To support staff in completing "collaborative documentation" in the field we made sure staff had access to laptops and air cards if they didn't already.

We supplied Intake and Assessors with dual monitors so that the consumer could see what was being documented during their intake/assessment encounter. This was also part of our "collaborative documentation" efforts.

We used Outlook to track and document time spent on consumers who came in for SDA.

We utilize our electronic health record to document all intake and assessment information.

We supplied Intake staff with scanners so they can attach copies of consumer info (driver's license, insurance cards, proof of income, etc.) directly in the consumer chart instead of making paper copies to be scanned by medical records.

The use of electronic signature pads to capture consumer signatures.

Intake staff access payer websites to verify consumer insurance enrollment and to complete online authorization/registration forms.

Cost:

The costs incurred to implement Same Day Access are as follows:

Direct:

Consultation	\$ 9995.
SDA committee recognition reward	9250.

Indirect:

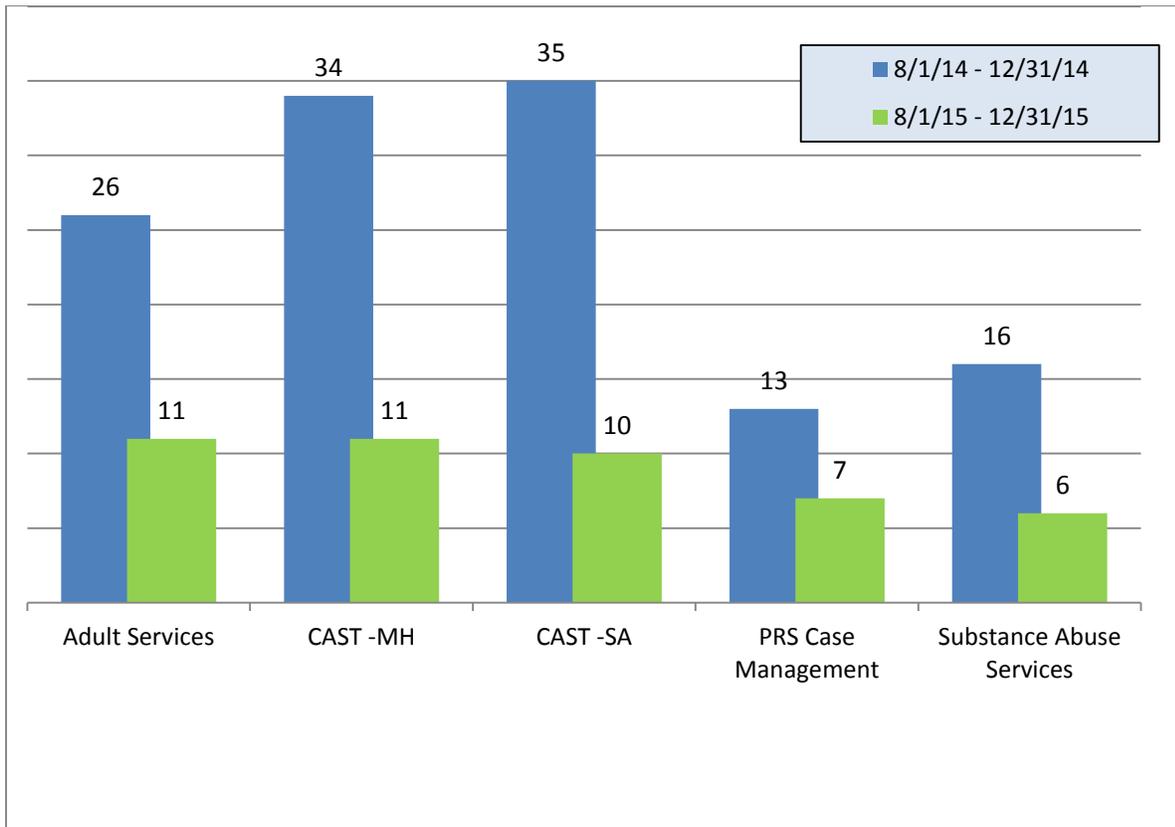
Estimated work hours provided by work team: 1768*

*Estimated at 2 hours per week times 52 weeks times 17 individuals.

Results:

We have successfully eliminated all waiting lists in our clinical division. In addition the following outcomes have been realized.

The graph below depicts the days waited between request for service and admission to a program in the year immediately preceding Same Day Access and the months following implementation.



An additional outcome realized as a result of this initiative has been an improvement in follow through of individuals between the request for service and program admission as evidenced below.

Program	Follow Through (Pre-SDA)	Follow Through (Post-SDA)
Adult MH	55%	76%

CAST MH	65%	76%
CAST-SA	71%	94%
PRS	65%	75%
SA Adult	53%	78%

Worthiness of Award

The worthiness of this award can best be summarized by the story of an individual seeking our services several years ago. Ronny (not his real name) came to MHSS after having experienced debilitating anxiety and depression following the death of his mother. He reports he had experienced the symptoms of anxiety and depression all of his life but his mother had been there to help him and support him and when she died there was no one to help. He had never supported himself. He never had friends. He was desperate, he had nowhere to live, no means of meeting his basic needs and thinking that there was no one to help. When he finally came to our doors he was told that the next available appointment was in 6 weeks from that date. He took the appointment and said later that those six weeks were “the longest 6 weeks of his life” and at times during that period he contemplated suicide. Thankfully he did make it and has since recovered from his disabling symptoms and has assumed several leadership roles within Chesterfield and elsewhere to help others get on the road to recovery.

Same Day Access has enabled services to be available when the individual is most ready to receive services, reduces risk for those seeking services from a public

mental health center and improves follow-through and engagement with services once received. What could be better than that?