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# Changes Made

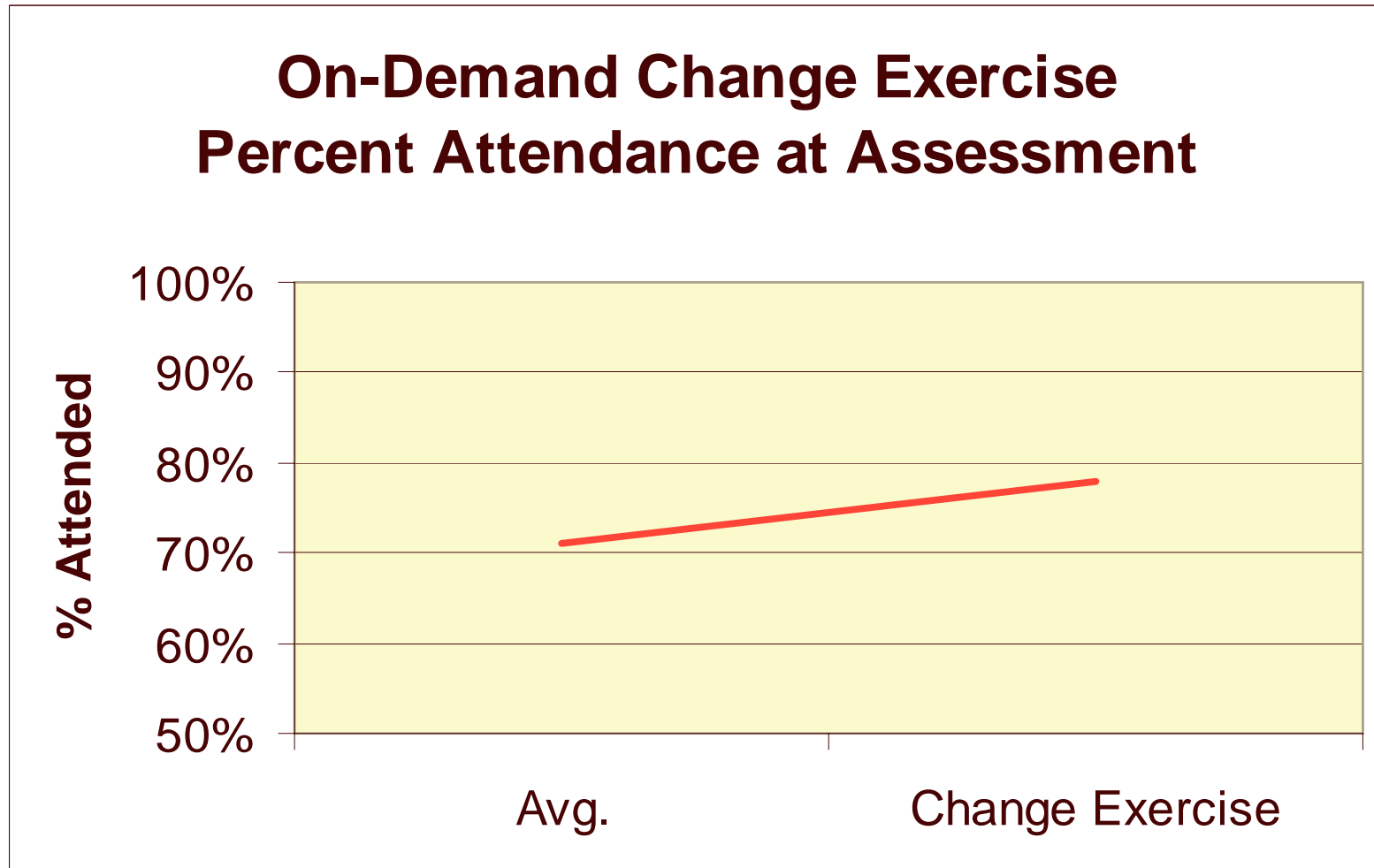
## On-Demand Scheduling

- Implemented “On-Demand” scheduling, asking consumer when s/he wanted to be seen. (Note: This change exercise occurred concurrently with start of two counselors who had time open due to still building up their caseloads).
- Adjusted schedules and redefined crisis & clinic-hours times to allow more same day assessments.
- Removed prepay requirement for those assessment which had had this requirement prior to being able to schedule an assessment.

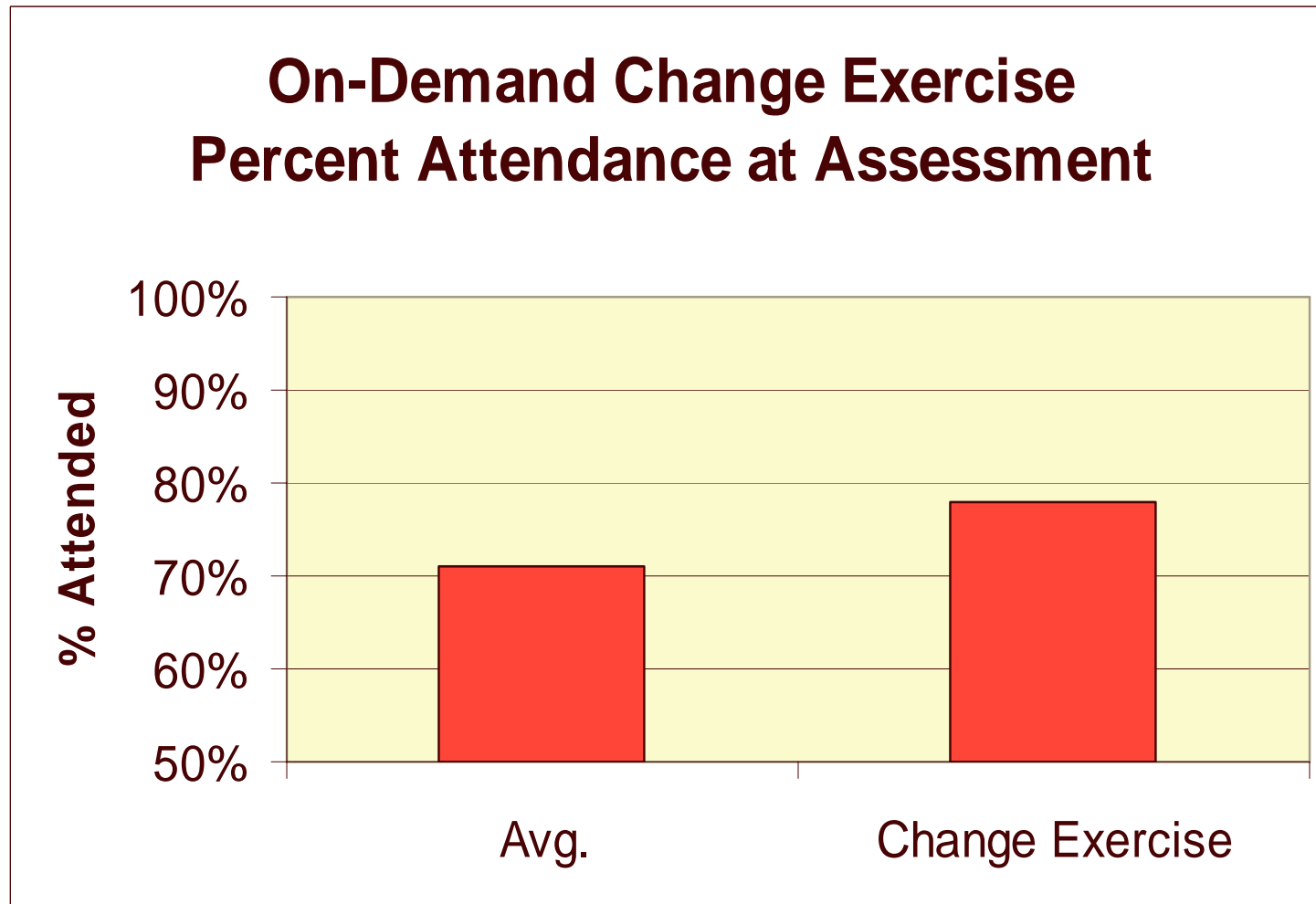
## Motivational Interviewing

- Three staff attended State of Iowa funded MI Training of Trainers workshops (beginning & advanced) and continue to receive ongoing support and consultation for skill development.
  - One staff (of the 3) attended a national MI Training of New Trainers (TNT) workshop, qualifying him as a National Trainer of MI and for inclusion in Motivational Interviewing Network of Trainers (MINT).
  - Agency decision to pursue research-based clinical intervention to improve client engagement, deciding on Motivational Interviewing (MI).
  - Two half day trainings for clinical staff on basics of MI.
  - Agency-wide orientation to the “Spirit” of MI.
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# Results

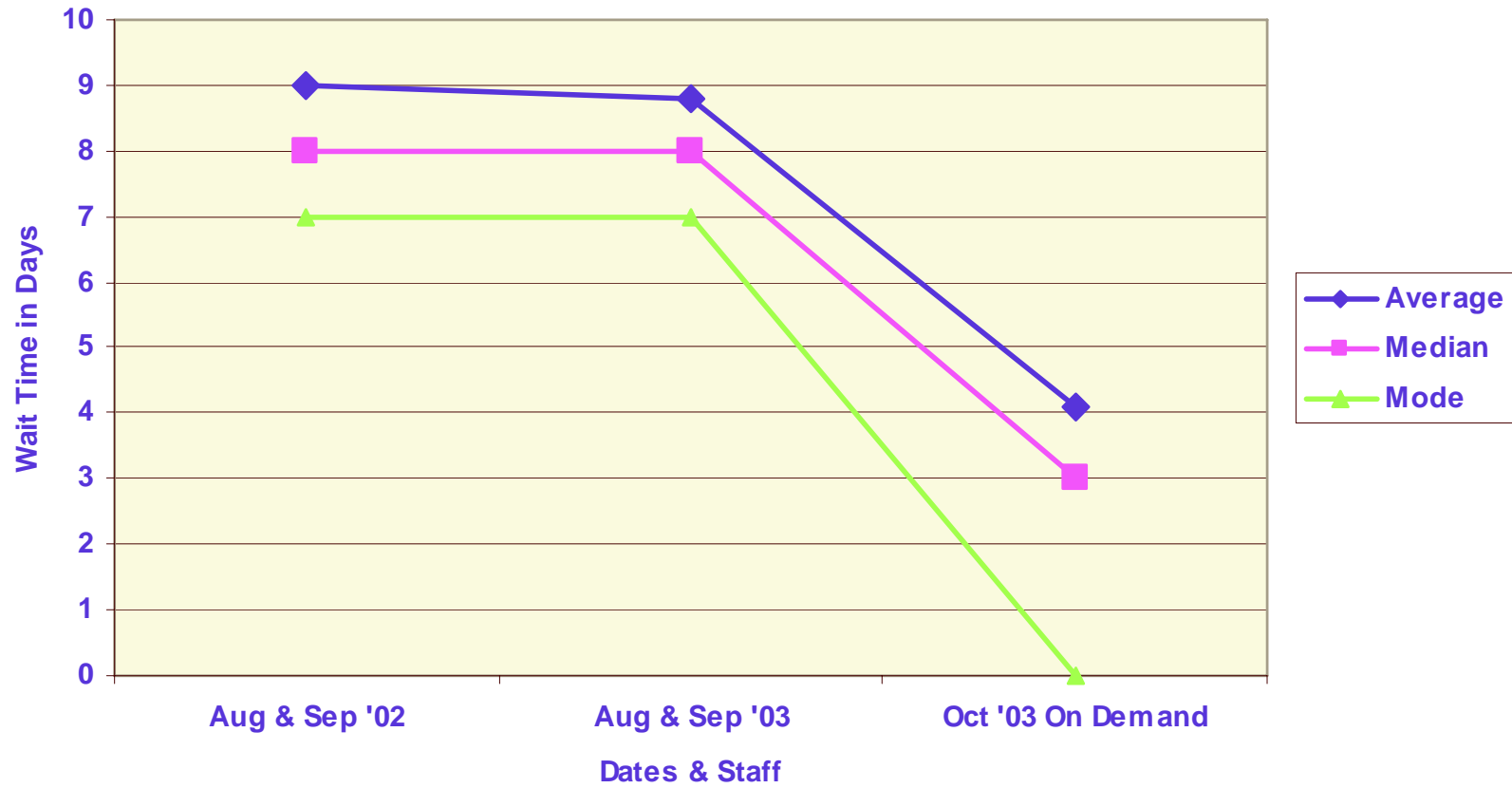


# Results

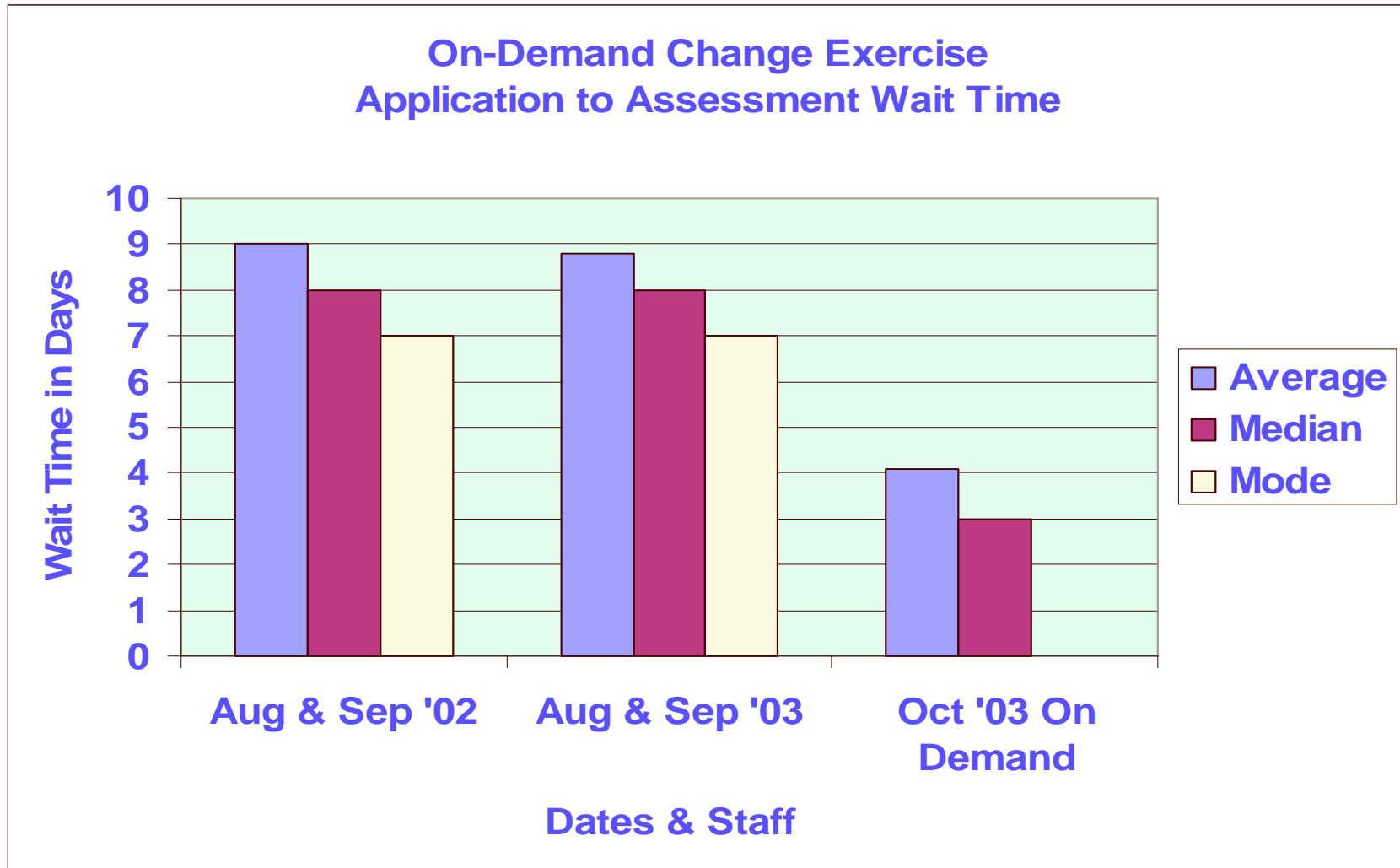


# Results

On-Demand Change Exercise  
Application to Assessment Wait Time

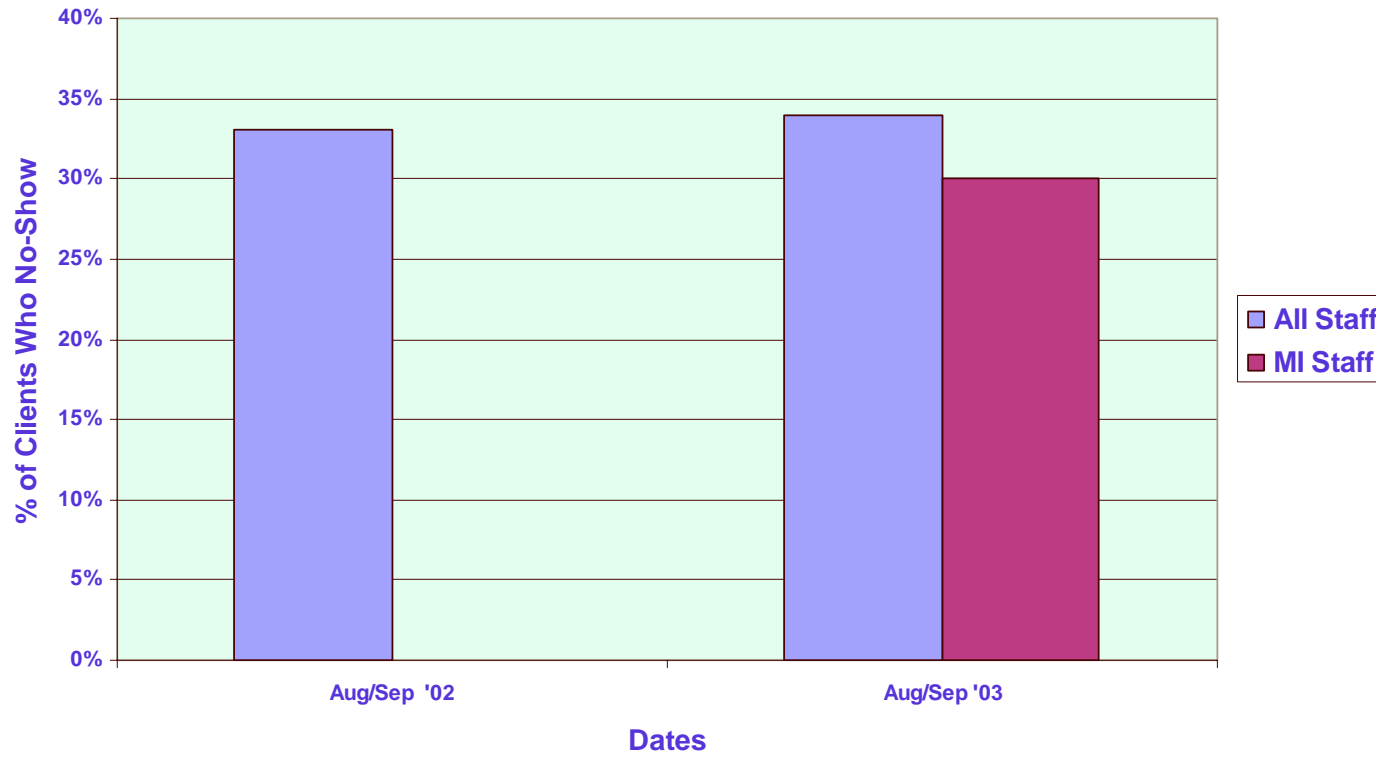


# Results



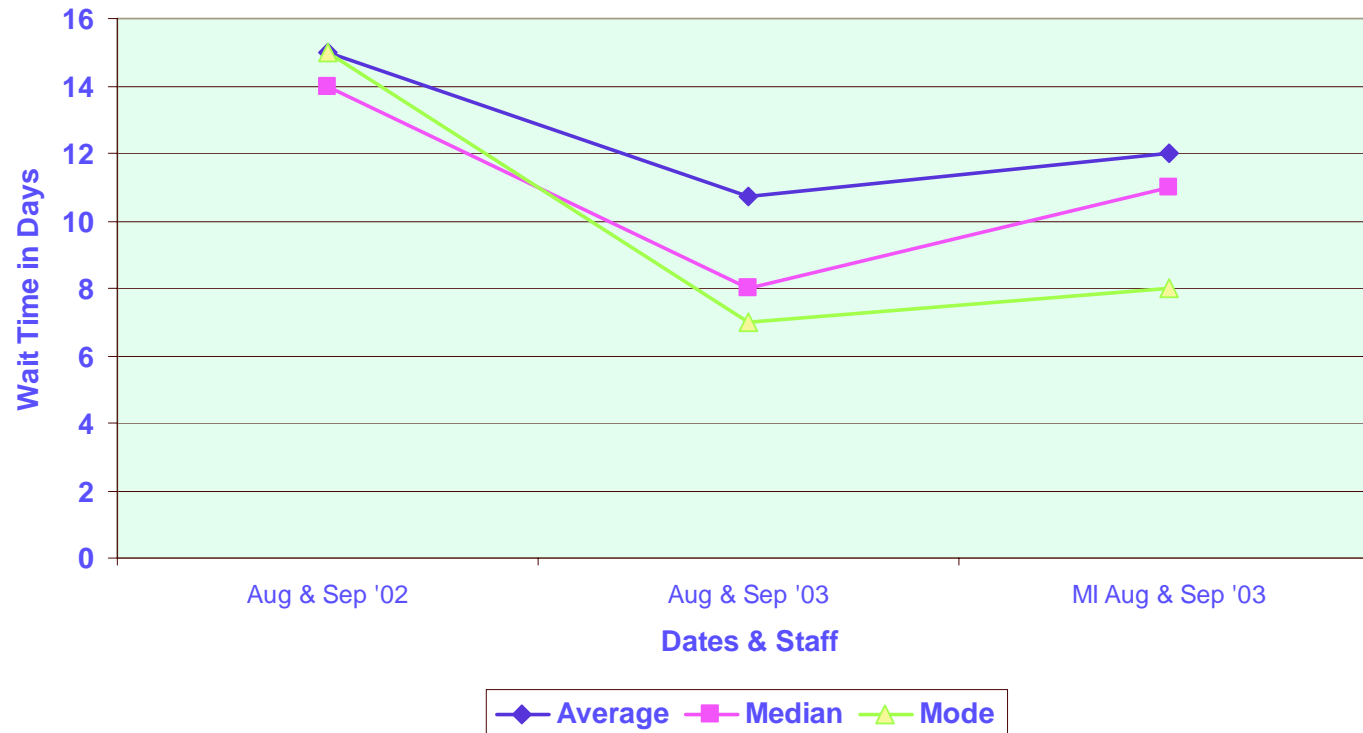
# Results

**MI CHANGE EXERCISE**  
**No Show Percentages for Admission 1-1's**



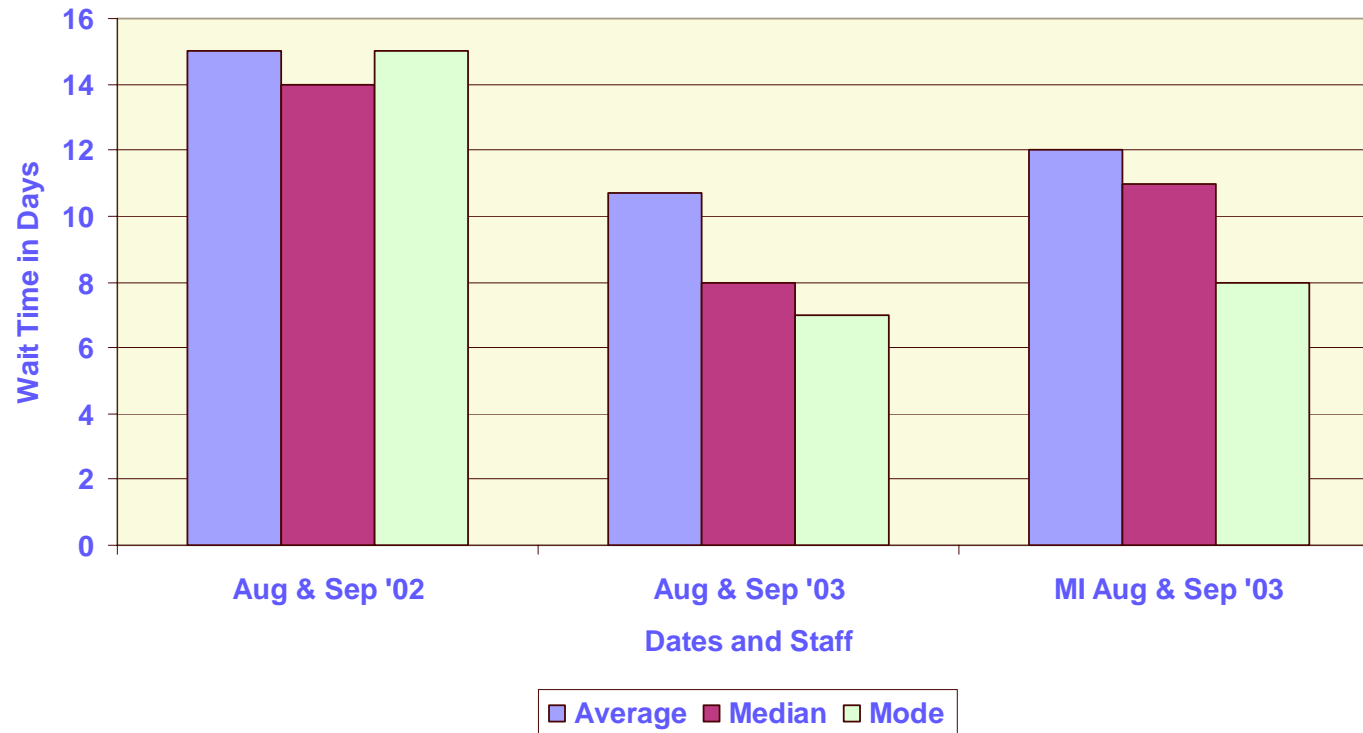
# Results

MI Change Exercise  
Wait Time - Assessment to Admission



# Results

**MI CHANGE EXERCISE**  
Wait Time - Assessment to Admission





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# Lessons Learned

## On-Demand Scheduling

- Tremendous agency-wide commitment to quality improvement.
- We found capacity we didn't think we had. We have averaged 2 extra assessments/day, persons scheduled & seen same day.
- People want scheduled appointments, they don't want to come in and wait to be seen, even if this means waiting longer for an appointment.
- Most people who asked to be seen same or next day appeared appropriate for more immediate service based on severity and/or motivation, but not all.
- We have no way to manage influx, other than availability of appointment time.
- Inconsistencies in definitions of client categories to identify those previously required to prepay, and inconsistencies on amount of prepay required.
- We wouldn't attempt change exercise at time of another significant agency project (e.g., software upgrade/conversion).

## Motivational Interviewing

- We are still losing people at the transition point from assessment to admission, especially if transitioning to a counselor other than assessing counselor.
  - Initial change exercise had confounded variables, so we didn't get clear data. We're just beginning to get data on effectiveness of MI related to Aims.
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# Requested Assistance from Audience

- Capacity seems to drive everything, we still see minimal availability to increase capacity. What are others who face capacity limits doing to increase availability of service?
  - We continue to believe we need a better way to manage influx, how do others manage influx?
  - To manage influx we are looking specifically at a Triage process, what is others' experience with Triage?
  - Believe we need to prioritize timeliness of when to schedule 1<sup>st</sup> post-assessment appointment, how do others do this?
  - We continue to lose people at transition points (e.g., assessment to admission, Level III.5 to Level I), how do others manage transitions and/or case manage to avoid these losses?
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