



Promising Practice

Combine Multiple Intake and Assessment Appointments

Problem

Clients spend too much time waiting for and attending multiple appointments before the first treatment session.

Solution

Combine multiple intake, assessment, evaluation and admission appointments into a single assessment appointment.

Featured Stories

The Center for Drug Free Living in Orlando, Florida reduced the waiting time for treatment from 41 days to 5 days by combining six assessment sessions into a two-session assessment process consisting of a screening group and an individual session. The continuation rate from assessment to the first treatment session increased to 70 percent.

Boston Public Health Commission in Mattapan, Massachusetts reduced the waiting time for assessments from 11 days to 5 days in one month by expanding the phone eligibility screening, eliminating the in-person intake session and delaying the psychosocial assessment until the first treatment session.

Lessons Learned

- Delay collecting client information until it is needed—instead of collecting it all before assessing whether the client will be admitted.
- Minimize the number of times a client has to return before the first treatment session.

Tracking Measures

Cycle Measure

Number of days until next available assessment appointment and/or the first treatment session

Data Collection Form

[Next Available Appointment Tracking Spreadsheet](#)

Action Steps

- | | |
|-------------|--|
| Plan | 1. Collect baseline data for the number of days until the next available assessment appointment or the first treatment session.

2. Redesign the assessment process so that it can be completed in a single session. |
| Do | 3. Ask two or three counselors to use the redesigned assessment process for the next two weeks. |

NIATx Aims

- ✓ Reduce waiting time
- Reduce no-shows
- Increase continuation
- Increase admissions

Financial Impact

- ✓ Increase revenue
- Increase staff retention
- ✓ Reduce costs



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4. Re-check the number of days until the next available assessment appointment or next available treatment session.
- Study** 5. Check the fidelity of the change. Was the change implemented as planned?
6. Evaluate the change:
 - Were counselors able to assess the appropriate level of care for clients in a single appointment?
 - Did clients prefer a single appointment to multiple appointments?
 - Did combining multiple appointments free up time slots for other appointments?
 - Did combining appointments uncover other redundancies or inefficiencies in the intake process?
- Act** 7. Adjust the number of counselors or the structure of the single assessment appointment and re-test this promising practice for an additional two weeks.

Repeat this series of steps until all of your clients are assessed in a single appointment.

Related Promising Practices

- [Eliminate Excessive Paperwork](#)
- [Offer More Groups Instead of Individual Sessions](#)
- [Double-book Time Slots](#)
- [Adjust Staff Schedules to Meet Client Demand](#)

More Stories

Connecticut Renaissance, Inc. in Bridgeport, Connecticut reduced the waiting time between evaluation and intake from 21 days to 6 days in a single week by combining evaluation and intake appointments for clients that clearly met the criteria for admission. Clients were screened immediately for appropriateness.

Island Grove Regional Treatment Center in Greeley, Colorado reduced the waiting time for treatment from 34 days to 9 days by combining the evaluation and intake appointments into a single appointment. While this change lengthened the total time of the evaluation appointment, it significantly reduced the time to treatment.

STEP 2 in Reno, Nevada reduced the waiting time for treatment from 27 days to 15 days by having the counselor assigned to the client instead of the assessment coordinator perform the admission segment.

VIP Community Services in the Bronx, New York reduced the waiting time for treatment by redesigning the assessment process so that it is now completed in one day instead of being spread over two days.

Mid-Eastern Council on Chemical Abuse (MECCA) in Des Moines and Iowa City, Iowa



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eliminated one individual session for each new client, freeing up counseling slots. Having already been assessed by Employee and Family Resources (EFR), a centralized assessment center operated by another agency, MECCA began completing the initial treatment plan during the first individual session rather than scheduling a separate session.