How to Improve Your Admissions/Orientation Process?

Ask Your Clients!
What happened: Customer Satisfaction Surveys were consistently reporting concerns related to the intake and admissions process.
Admissions department staff were dissatisfied with:

- Physical space
- Too little privacy
- Challenges in providing good customer service
- System that revolved around scheduling appointment times for intake/assessment
Performance Improvement Project Strategies:

1. Form committee composed of staff from various departments across agency:
   - Administration
   - Clinical services
   - Transportation
   - Food service
   - Human resources
   - Facilities
   - Crisis center
   - Sister agencies - Compass Community Health and Compass Point Housing
How do we respond more urgently to the client arriving for treatment?

**Barrier:** The responsibility for a client’s screening/intake, assessment/treatment planning, response to urgent needs, and orientation was addressed by 3-4 different departments.

**Solution:** Identify all components needed to improve client customer service within first 2-3 days and staff appropriately within one location.
2. Identify alternate location for department
3. Involve current admissions staff in further planning
   - Don’t wait too long! Get staff buy-in!
   - Expectations

4. Break down into smaller planning groups to develop processes
Consult with HR to staff differently in order to:

- Provide more flexibility with admission process
- Respond more urgently to clients’ immediate needs
- Better communicate with other departments, referral sources and community providers
- Be better prepared to operate within BH Redesign
- Share information with clients consistently in order to provide better orientation to services
Within Day One:

- Staff responsible for screening, arranging admission, maintaining wait lists for those seeking supportive housing
- Those responsible for intake/obtaining prior authorization/health information
- Licensed clinicians who provide assessment/ treatment planning/individual and group counseling (orientation)
- Care management specialist to address immediate needs
- Peer support specialist (PT)
- Staff ID to meet with loved ones and community
Before Opening:
Staff training involved at least 14 hours related to:
- team building
- customer service
- roles and responsibilities with “back up” staff for each process
- safety

WALK-THROUGH !!

After Opening:
FOLLOW UP OF WHAT IS WORKING/NOT WORKING !!!
Work more closely with our crisis center:

- Need more flexibility in taking and making referrals
- Staffing and scheduling had been a barrier
Coordinate with our sister organization (Compass Community Health):

- to gain quicker access to physical exams, evaluation for MAT, and review of client medications
Work with transportation:

- to coordinate client care
- but also to have own van for transporting
  > insure ease in getting to medical appointments
  > meeting numerous other client needs.
Work with food service:

- to provide lunch to clients within the admissions center
- snacks/refreshments while people are waiting
- identify and communicate regarding clients with health issues/special dietary needs/allergies to certain foods
- Increase efficiency of screening process/waiting list for supportive housing

- Move to electronic form

- Wait list generated/prioritized
5. Gather further input from clients through focus groups
Prior to Arrival:

“I didn’t know what I was getting into.”

“While I am waiting, send me information…”

“A lot of people don’t have access to people’s website.”
Welcome Packet/Frequently Asked Questions

Map
Arrival:

“It was intimidating walking in the front door, there were a lot of people around, I wasn’t sure where I was going”
Brainstorming regarding the actual physical space and how we would make it “work” for clients and staff?
Arrival:

“I think the assessment process could be faster…”
(wait too long)

“Everybody was really nice but seemed busy and it was chaotic.”
(too rushed)
Don’t expect “sick” people to “act well” (be on time)

Stop scheduling appointment “times”

Provide a “span” of time
Just for Today

May 1st

I will be grateful for the opportunity to be of service.
To increase flexibility and availability:

Monday-Thursday 8-6 pm
Friday 8-4:30 pm

Staff work staggered schedules, fewer staff in early morning and late afternoon
Seek to serve callers or walk-ins same day by:

- Providing a “coffee talk” (screening focused upon engagement)
- Referral to Crisis Center/Health Care Center or other community provider if needed
- Full assessment or brief assessment if possible
- Use data to improve process!
Arrival:

“When I came the sheriff brought me in shackles – there was a jacket over the cuffs but everybody could tell I was coming from jail.”

“I needed to wash my clothes and it was hard to do in the house the first night…”

“When I came the sheriff brought me in shackles - there was a jacket over the cuffs but everybody could tell I was coming from jail.”

“I got here and I was afraid everyone was judging me, I had all my stuff in plastic bags - I had to drag it down the hall.”
Rear entry laundry before renovation
Shower area during renovation

“I came from jail - the first thing I wanted to do was take a shower”
Donations of hygiene products:

1. Local or Ohio businesses - Community partnerships
2. Insurance companies
3. Use funds from Kroger Community Rewards
   - Urge staff to “sign up”
Prior to Intake:

“I was dope sick and I didn’t feel like sitting through an assessment.”

“You could improve by making it more comfortable.”
“I didn’t have any clothes with me and I wasn’t sure that my family would bring me any...”
Donations come from:

- Staff Members
- Board Members
- Churches
- Community Members
- Local businesses
“It would help to get tapered into the program.”

“...got thrown to the wolves.”

Day 2
Let’s take it “One Day at A Time”
Care management/Peer Support:

- Meeting Immediate/Urgent Needs:
  - Appointment with Health Center
  - MAT
  - Communication with Referral Sources
  - Follow up with Family, Loved Ones
Having an “opportunity” for recovery is a good reason to celebrate.

How do we help make entry to treatment a positive, hopeful, experience?
Small Orientation Groups:

- What to expect emotionally and physically early in treatment
- What to expect in the treatment setting
- How to make the most of TX vs. how to sabotage TX
- Your treatment team - “who’s who”
- A typical day
- 12 step programs - attending a noon meeting
- Learning about levels of supportive housing
Lunch time small group talk:

- Meeting with food service to address any dietary needs
- Learning to care for self - sleep, eating regular meals, exercise
- Things to avoid: too much caffeine, etc.
“I got a schedule but that didn’t help me, I didn’t know who those people were or where to go...I just followed other people...I figured it out.”
“I needed more access to other clients really early so I could ask questions. I’m trusting other addicts but seeing staff as authority.”

“I’d like to help new people and give them a sense of hope. I didn’t do enough of that stuff before when I was here and I started using again.”

Use volunteer mentors

Have those completing treatment return to Day One for “celebration”
“Sometimes family gets information and sometimes they don’t…they need stuff quick because sometimes you are ready to leave before they get stuff…”

“My family had a lot of questions but they really didn’t have much time to ask about things…”