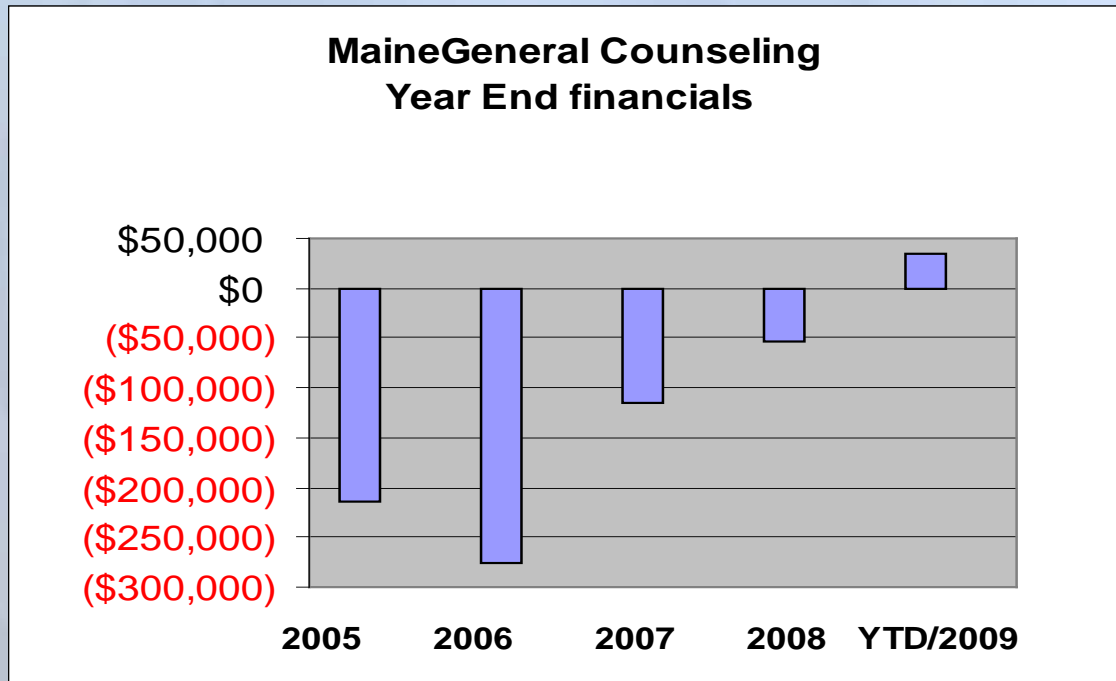


MaineGeneral Counseling

GOT IN THE BOAT with Rapid Cycle Change



PLAN: Continue to analyze data points in order to sustain or improve growth & change.

Access to treatment: IMPROVED

- Created an Access Center (1st project)
- Computerized Scheduling (not a “project”, but it helps a lot)
- Open Scheduling
- Constant feedback loop regarding schedules

Retention: IMPROVED

- Occasional contingency management projects
- Analysis of caseload mix: MH vs SA
- Clinical attention to relationships and scheduling strategies
- No Show recovery project (clinician calls no shows to reschedule)
- Reminder calls



DO: There's no turning back on some things.

"Toto, I've a feeling we're not in Kansas any more."

- **COMPUTERIZED SCHEDULING**
- **OPEN SCHEDULING**
- **REMINDER CALLS**

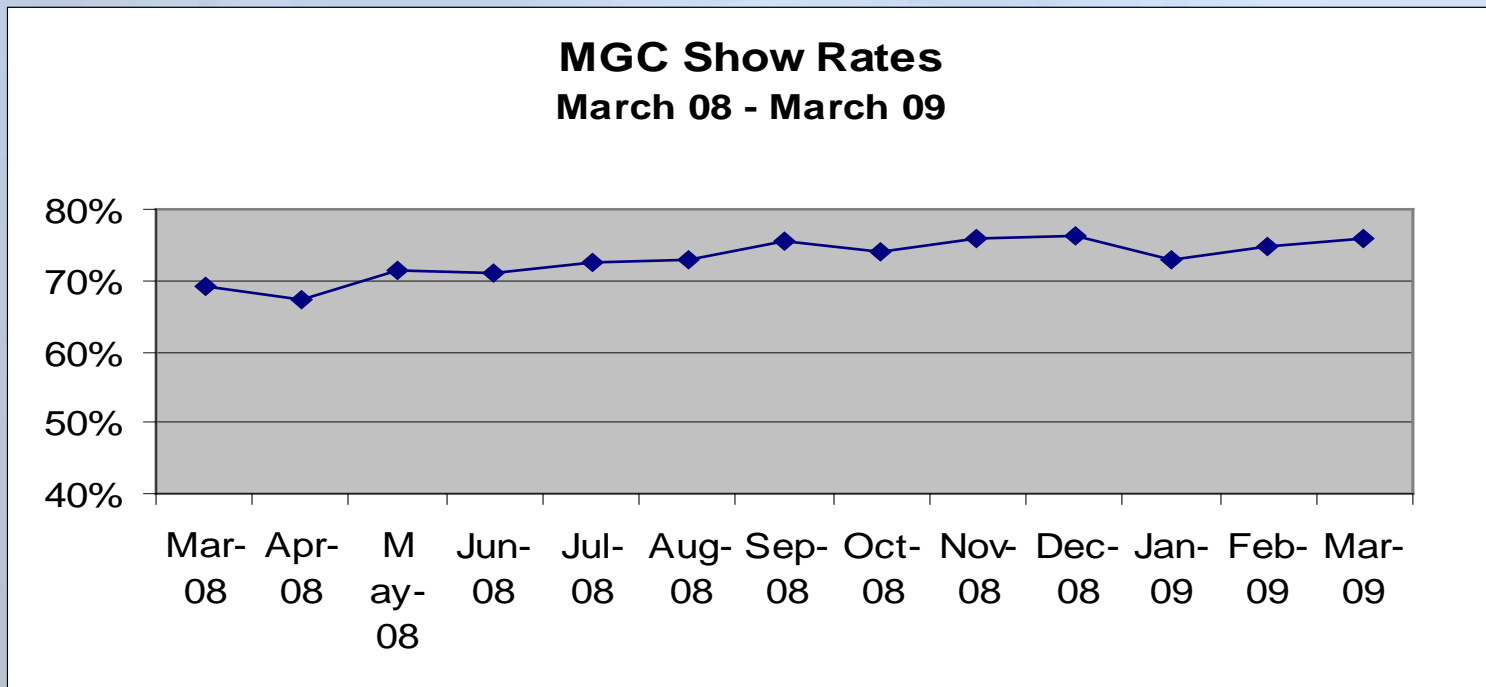
Here to stay.



STUDY: Are our efforts working?

EXAMPLE: Intake show rates

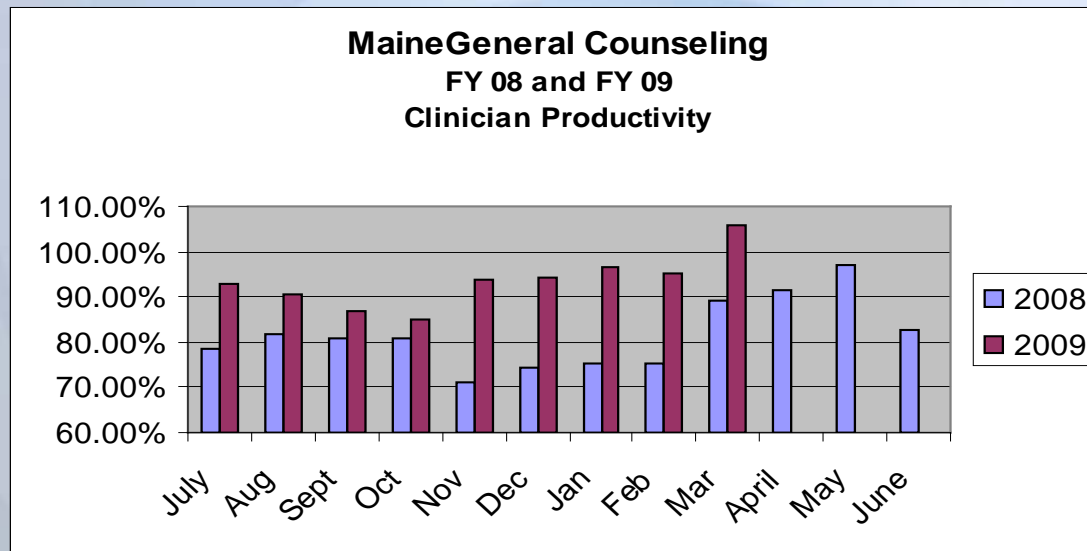
Our goal is 75% - 80%



STUDY: Are we sustainable?

EXAMPLE: Clinician Productivity

*25 billable hours for 40 hours worked.
(Note: Computerized scheduling began
in March of 2008)*



ACT: What needs attention?

- ***With productivity rates increasing, we are now challenged to improve co pay collections:
Next project begins April 27, 2009.***
- ***With fuller clinician schedules, ACCESS from first call has slipped a few days. Need to hire more staff to get back to our goal. All staff have to be at 95% or above to make this possible.***
- ***Training in BASIS 24 or other client outcome measurement tool.***



CULTURAL IMPACTS:



- *Staff (access, reception and clinicians) are all part of the generation of change ideas.*
- *Staff belief that clients are better served when there are program efficiencies in practice.*
- *Our program statistics are being shown at larger hospital management meetings.*
- *Hospital is now asking for information on Rapid Cycle change.*
- *Finance Guy 2006:*
“Here’s the productivity report and IT DOESN’T LOOK GOOD.”
- *Finance Guy 2009:*
“Excellent work!!!

