



Do You *Really Provide* Same Day Access? The Importance of *Optimizing SDA*

Many organizations *think* they are effectively providing Same Day Access (SDA), but in fact, they might not be.

True SDA is different than the “fast access” programs that some organizations implement to meet CCBHC intake guidelines. Fast Access is an assessment within 7-10 days.

Same Day Access is just that – same day assessment. There’s no scheduling – all assessments are available on an unscheduled basis so there are never any no-shows. Ideally, no one is ever turned away or delayed from receiving an assessment due to lack of professional capacity. If it happens, it is an anomaly.

Top 5 Things Teams Do That Are NOT Same Day Access:

5. Continue to schedule assessments.
 4. Make clients wait longer than one day to get an assessment.
 3. Have long lines before access hours begin.
 2. Routinely turn clients away for a same day assessment due to lack of daily capacity.
 1. Say “first come, first served.”
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Less Than Optimal Implementation of SDA has Consequences

What happens if your organization is not *truly* providing Same Day Access?

- **Lose clients** - When clients have to wait, it increases the potential they will drop out of care. SDA connects clients to care when they need it.
- **Lose clinician time** - When you schedule, no-shows are inevitable and result in lower staff productivity.
- **Lose opportunity for revenue** - Like an empty seat on an airplane, providers cannot bill for no-shows.

Organizations often try to implement Same Day Access on their own, only to find that something isn't working. And even for organizations that were initially trained in SDA implementation, effectiveness and fidelity can erode over time. Fortunately, these challenges are solvable.

Same Day Access Optimization Services from MTM

The MTM consultants works with providers to assess real-time challenges and re-design SDA implementation to ensure operational success that translates into long-term value – for clients, for clinicians and for the bottom line.