Nevada County 2020 CSAC Challenge Award: Walk-In Clinic

Overview: Individuals with substance use disorders face multiple barriers to getting treatment. The walk-in clinic streamlines access to care by eliminating the need to make appointments.

Challenge: Nevada County Behavioral Health opted into the Drug Medi-cal Organized Delivery System (DMC ODS) in July of 2018 to expand access to treatment for Substance Use Disorders. This change meant that residential treatment became available to many Medi-cal beneficiaries who previously did not have this service covered by their insurance benefit. The demand for this treatment turned out to be extremely high and the original process we set up for accessing this service was not working. People needed to call and make an appointment, they then typically waited up to ten days for that appointment, and in the meantime their readiness for going into treatment often changed. In addition, this process was significantly difficult for homeless people trying to get into treatment due to their lack of access to phones and transportation. As a result, our no-show rate for assessment appointments was 33%, and in addition, clients and partner agencies found the process to be frustrating. **Solution:** Research indicates that wait time is a barrier to following through on treatment: the longer the delay between the initial phone contact and the scheduled appointment, the less likely the client is to attend that appointment. Understanding the research, staff brainstormed ways to offer immediate assessments for individuals reaching out for help which led to the idea of a Walk-In Clinic. By assessing someone on the day they reach out, we are able to immediately offer warm hand-offs to case managers who link clients to needed and potentially lifesaving services including medication assisted treatment, naloxone, fentanyl test strips, emergency shelter, and primary care while they wait for their in-patient bed.

Innovation: Many barriers keep people from accessing substance use treatment services, but the challenges are most detrimental for homeless individuals who often are struggling to simply meet their basic needs. They typically do not have access to the technology and resources that navigating our health care system demands and requiring this group to complete a complicated access process to get help for the substance use disorder simply does not work. Counties traditionally conduct telephone screenings and then schedule in person appointments for

full assessments. The walk-in assessment clinic removed many of these barriers. Individuals can access an assessment Monday through Friday with no need for a phone and tracking of an appointment.

Results: The walk-in clinic has been a very successful system change. Since implementing the walk-in clinic, the "no show" rate has essentially been reduced to 0% from 33-40%. In addition, we have been able to complete almost twice as many assessments per month. During the first 8 months of implementation of the Drug Medical Organized Delivery System, we utilized the "scheduled appointment" model for assessments and were only completing an average of 25.8 assessments per month despite getting an average of 99 requests per month. From March 2019 when the walk-in clinic was implemented to February 2020, we doubled the rate of assessments, completing an average of 50.8 assessments per month. Of the 611 ASAM assessments completed, 113 accepted a warm hand-off to a case manager on the same day of the assessment. 61 were linked to Medication Assisted Treatment and 27 were provided with Naloxone.

Replicability:

The walk-in clinic could be replicated with relative ease by other counties. This model allows for more efficiency with staff time by eliminating no-shows. When clients miss scheduled assessment appointments, those appointment times often can't be filled by other clients, which impacts the entire system of care. Staff are now able to complete multiple assessments during the walk-in clinic hours and are then able to focus the rest of their day on their other duties and other treatment activities.

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