Behavioral Health
Urgent Care Centers

Report to the Crisis Solutions Coalition
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Alliance Behavioral Healthcare
Crisis Solutions Coalition Priority #1

Fund, define, and monitor 24/7 Walk-in Crisis Centers as alternatives to divert unnecessary ED visits AND as jail diversion sites for CIT partnerships

- Able to start treatment, including med management
- Comfortable for consumers and families who wait a long time
- Safe
Walk-in Crisis Workgroup

April 2014: Convened DMH/DD/SAS and providers who had at least 1 site of 24/7/365 walk-in crisis

- Walk-in Crisis
- Advanced Access
- Open Access
- Same Day Access
Walk-in Crisis Workgroup

- No standardized naming
- No standardized operating protocols
- No standardized data collection or reporting
- No standardized funding methodology
- Varied expectations across LME-MCOs
- DMH/DD/SAS requirements had not kept up with system changes
Walk-in Crisis Workgroup

Recommendation #1: Therapeutic Name Change!
Behavioral Health Urgent Care Workgroup

Scope of work

Make recommendations for consistent understanding at the state, LME-MCO, provider, and customer level for the following:

- Definitions and included service activities
- Workflow expectations
- Staffing requirements
- Use of 23 hour chairs
- Data collection requirements
- Operational cost model
Product 1: Defining 4 Tiers of Service

• Tier I – Traditional Outpatient Services
  – Appointment based
  – Usually will complete a comprehensive assessment
  – May or may not have psychiatry or other prescriber readily available

• Tier II – Same Day Access
  – Walk-in based, designed primarily to accommodate “routine” access to care needs. Generally, operates in business hours.
  – Usually will complete a comprehensive assessment
  – Usually will have psychiatry or other prescriber available
  – NOT marketed for Involuntary Commitment examinations
4 Tiers of Service

• Tier III – BH Urgent Care, and Tier IV – 24/7 BH Urgent Care
  – Walk-in based, designed for “urgent & emergent” needs
  – Will usually complete a Crisis Assessment
    • Comprehensive assessment often deferred
  – May initiate crisis intervention services, including med management
  – Serves as the community’s designated site to receive consumers in need of a first examination in the Involuntary Commitment process
  – Facility and staffing designed to manage the behavioral health, medical, and safety needs of consumers on an IVC
  – Initiates bed-finding when necessary
  – May include the use of “23 hour” chairs
Behavioral Health Urgent Care Centers are **NOT**...

- **Licensed sites**
  - They are outpatient clinic programs that are robust in facility design and staffing

- **To be confused with Facility-Based Crisis Units, Non-hospital Medical Detox Units, or any other residential or inpatient setting**
  - They are often co-located with other services, but have separate staffing and program expectations
  - Must function as a gateway to every level of care, not just as an admissions unit for a setting with beds
Advantages of BH Urgent Care Centers

Function as alternatives to hospital emergency departments

- Offer specialty service with MH/IDD/SA trained professionals for those consumers who do not have medically complicated needs
- Reduce Emergency Department volume
- Reduce barriers to admission to lower levels of care such as Facility-Based Crisis units for MH crisis stabilization and detox

Play a vital role in the CIT partnership for jail diversion

- Drop-off site for officers trying to assist people into treatment instead of jail
- Often allow for quicker law enforcement turn around times in the Involuntary Commitment process
What do we know about BH Urgent Care Users?

• Historical data collection tool no longer useful
  - Was based on 2007 version of which programs got “walk-in crisis/psychiatric aftercare” funds
  - Never captured all programs
  - Specific funding long ago subsumed into single stream
  - Never captured all the funds LME-MCOs dedicated to walk-in sites
  - Growth of “same day access” model was desirable but confused this data.

• DMH/DD/SAS discontinued “walk-in crisis” reporting requirements in January 2014.
Product #2: New Report Tool and Requirements

- For Tier III and Tier IV BH Urgent Care sites only
  - Recent survey with 102 former “walk-in crisis” sites responding
  - Currently, 38 Tier III and 8 Tier IV programs

- Elements include:
  - Intensity of need
  - IVC status
  - Primary referral source
  - Payer type
  - Primary MH, SUD, or primary or co-occurring IDD
  - Primary disposition and Length of Stay by Disposition
<table>
<thead>
<tr>
<th>Intensity of Need @ Triage by Provider</th>
<th>Number of Events</th>
<th>%</th>
<th>Primary Referral Source</th>
<th>Number of Events</th>
<th>%</th>
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<td>First Evaluations Completed by this Center</td>
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<td>Persons who left Center under involuntary commitment</td>
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Product #3: Defining Phases of a Visit in a BH Urgent Care Center

Intake: Greeting, Registration, Intake paperwork

Triage Screening: Establish MH/DD/SA need & level of urgency

Safety Check: Secure potentially dangerous items. Agree on level of law enforcement involvement for IVC custody.

Crisis Assessment: Establish immediate intervention needs, complete IVC exam if necessary, and include psych eval if needed, and brief physical health screening.

Intervention: Initiate on-site interventions & referrals to other services. Monitor safety, medical, & psychiatric status; provide food & comfort items for extended stays.

Disposition: Arrange for discharge or transfer to extended care.

Exit
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Exit
Workgroup tasks in progress

- Recommend a standardized suicide screening tool as part of the triage screening that also functions well for partners such as CIT officers and Paramedics
- Define and recommend elements for a Crisis Assessment
- Define and recommend staffing and training requirements for each phase of a visit
- Work with DHSR and DMA to make recommendations regarding the use of 23 hour chairs
- Research models for a consistent and rational funding model
DHHS work in progress

- An Invitation to Apply for funds was released to LME-MCOs on 11/5/2014
- Applications due back TODAY 12/15/2014
- Anticipate 4 awards of $998,458 each for the development of BH Urgent Care Centers and/or Facility-Based Crisis Centers
Crisis Solutions Coalition
Discussion, Questions, Comments