

MIDD 2 Initiative CD-09: Behavioral Health Urgent Care Walk-In Clinic (NEW)

How does the program advance the adopted MIDD policy goals?

This program primarily addresses the adopted MIDD policy goal of “reduce the number, length, and frequency of behavioral health crisis events.”

In communities where Behavioral Health Urgent Care Clinics (BHUCCs) exist, people have rapid access to behavioral health services and supports, including peer specialists, to avert the need for more intensive crisis response by law enforcement, involuntary detention authorities, EDs and inpatient hospitals. BHUCCs are available to intervene earlier, and to offer alternatives that prevent future destabilization. They promote hope and recovery, and offer skills to promote resilience. BHUCCs are an innovative system improvement and operate in coordination with all other components of a community’s continuum of crisis services.

1. Program Description

◇ A. Service Components/Design (Brief)

The King County BHUCC⁸⁷ is envisioned to serve adults who are experiencing a behavioral health crisis and in need of immediate assistance. The BHUCC would be as centrally located as possible and accessible via public transportation. Individuals may self-refer by coming directly to the Clinic during established business hours including evenings. Other referral avenues may be developed. No appointments would be necessary.

As funding permits, services available at the King County BHUCC may include:

- Help with coping skills and crisis resolution planning
- Support from peer recovery specialists who bring hope to others on their recovery journeys
- Access to crisis psychiatry as necessary
- Crisis stabilization services, as needed, for up to 30 days
- Intake/referral for crisis residential services
- Substance use disorder screening and referral
- Family education and support
- Referral to community services for needs beyond the immediate crisis

⁸⁷ The King County Behavioral Health Urgent Care Clinic (BHUCC) for adults experiencing behavioral health crises will be closely modeled after the Mental Health Crisis Alliance’s Urgent Care Clinic, which has been in operation in St. Paul, Minnesota for over five years (<http://mentalhealthcrisisalliance.org>).

- Coordination of care with an individual’s current providers, as permitted by the client
- Crisis phone support.

Services are voluntary and meant to be short-term.

◇ *B. Goals*

The goals of the King County BHUCC are to offer urgent care services to individuals experiencing a behavioral crisis to help them avoid involuntary detention, hospital emergency department (ED) visits, psychiatric inpatient stays or involvement with law enforcement.

◇ *C. Preliminary Performance Measures (based on MIDD 2 Framework)⁸⁸*

1. *How much? Service Capacity Measures*

It is not yet known how many individuals may be served by this program, as the BHUCC’s service scope is scaled to available funding.

2. *How well? Service Quality Measures*

- Increased use of preventive (outpatient) services

3. *Is anyone better off? Individual Outcome Measures*

- Reduced unnecessary hospital and emergency department use
- Reduction of crisis events

◇ *D. Provided by: Contractor*

All services offered under this initiative will be contracted to community providers, potentially in tandem with Next-Day Appointment services as described further below. County staff will provide program management and oversight.

2. Spending Plan

The spending plan outlined here is limited to the pilot funding level. As such, implementation may include only some of the program elements listed above. The timing and/or amounts of some expenditures shown below may depend on when and how the clinic is successfully sited. Potential timeframe changes and/or revisions to these approaches should be expected.

⁸⁸ Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

Dates	Activity	Funding
2017 only	Urgent Care Walk-In Clinic capital investment, startup costs, program design, siting, and public awareness	\$250,000
2017 Annual Expenditure		\$250,000
2018 Annual Expenditure	Urgent Care Walk-In Clinic operations and services	\$256,500
2018 Annual Expenditure		\$256,500
Biennial Expenditure		\$506,500

3. Implementation Schedule

◇ A. Procurement and Contracting of Services

A Request for Proposals (RFP) process hosted by King County BHRD will result in the selection of one or more Behavioral Health Urgent Care Walk-In pilot provider(s). Procurement for this initiative may be paired with Next-Day Appointments, a closely related part of the crisis continuum that is also funded in part by MIDD, and is expected to occur in fourth quarter 2017.

◇ B. Services Start date (s)

King County BHRD is currently working in partnership with providers and other stakeholders to improve the crisis continuum for children/youth and adults in three areas: a) ensuring that the crisis continuum is reflective of the move toward integrated care and therefore meets the needs of individuals with mental health and substance use disorders; b) ensuring high quality, standardized response to those experiencing crisis regardless of payor; and c) offering increased options for diversion from emergency room and hospitalization to provide some relief to the current system. Because MIDD initiative CD-9 is part of the crisis continuum and linked to the system improvement efforts underway, implementation planning for this initiative is staged so that it can align with the larger crisis system improvement planning process. Contracts are expected to be in place in early 2018.

4. Community Engagement Efforts

Community engagement regarding this MIDD initiative is occurring in the context of the activities described in 3.B.