

MIDD 2 Initiative CD-10: Next-Day Crisis Appointments (NDA)

How does the program advance the adopted MIDD policy goals?

This program primarily addresses the adopted MIDD policy goal of “divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals.”

The Next-Day Appointment (NDA) program helps to divert people experiencing a behavioral health crisis from psychiatric hospitalization – especially those who are not currently enrolled in the King County mental health outpatient treatment system. Over 91 percent of individuals who participate in NDAs would otherwise be considered for psychiatric inpatient care.

The NDA program is designed to provide an urgent crisis response follow-up (within 24 hours) for individuals who are presenting in emergency rooms at local hospitals with a behavioral health crisis, or as a follow-up to the Designated Mental Health Professionals (DMHPs) who have provided an evaluation for involuntary treatment and found the person not eligible for, or could be diverted from detention with follow-up services.

MIDD funding enables the NDA program to provide follow-up services for a brief period after an initial appointment, in order to increase the degree to which participants link to ongoing care.

1. Program Description

◇ A. Service Components/Design (Brief)

Individuals served in NDA services present with a behavioral health crisis, either to hospital emergency departments or to crisis outreach mental health professionals. These are adults that typically do not have access to any ongoing mental health services. The crisis clinicians that respond to the individual in the hospital or community setting assess the individual and determine that an inpatient psychiatric hospital stay could be averted if the person had access to outpatient crisis stabilization services within 24 hours following their crisis assessment. A referral is made to the King County Crisis Clinic and an appointment is made with the NDA service in the geographic area of the person’s preference.

Including baseline services made possible by the state and other funding partners, NDA services include:

- Crisis intervention and stabilization services provided by professional staff trained in crisis management.
- Consultation with an appropriate clinical specialist when such services are necessary to ensure culturally-appropriate crisis response.
- Referral to long-term mental health or other care as appropriate.
- Benefits counseling to work with NDA clients to gain entitlements that will enable clients to qualify for ongoing mental health and medical services.

- Psychiatric evaluation and medication management services, when clinically indicated, that include access to medications via prescription or direct provision of medications, or provides access to medication through collaboration with the individual’s primary care physician.

MIDD specifically funds an enhancement to NDAs including short-term follow-up services:

- Consumers in crisis are offered additional short-term treatment and stabilization beyond the next-day appointment. Potential additional services include:
 - Linkage to ongoing services;
 - Completion of a Medicaid application process;
 - Development of a medication plan;
 - Linkage to a primary care provider for those who are not enrolled for ongoing services; and/or
 - Referrals to chemical dependency treatment.

As future funding permits, NDA capacity may be expanded to meet demand, as the need for NDAs from the local Emergency Departments far outstrips the current capacity.

◇ *B. Goals*

The Next-Day Appointment (NDA) program is a clinic-based, follow-up crisis response program that provides assessment, brief intervention, and linkage to ongoing treatment. The goal of the program is to provide crisis stabilization and to divert individuals from psychiatric inpatient care.

◇ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*⁸⁹

1. *How much? Service Capacity Measures*

At the recommended level of funding, the NDA program is expected to serve about 1,800 unduplicated individuals per year at its five current sites, including state- and MIDD-funded capacity. Of these, most come from hospital emergency departments, while other referrals come from DMHPs, the Crisis Clinic’s voluntary hospital authorization team, and other first responder services. MIDD-supported follow-up services will be provided to at least 350 NDA participants per year system wide, based on their needs.⁹⁰

⁸⁹ 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.

⁹⁰ Improved methods for counting recipients of the enhanced service will be explored, as even more people may be receiving follow-up services via MIDD than have been counted in recent years.

Depending on future funding levels from the state and from MIDD, some MIDD funding under this initiative could potentially be used to expand initial NDA appointment capacity to help meet demand.

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 Behavioral Health Urgent Care Walk-In services.

2. **Spending Plan**

Year	Activity	Amount
2017	Short-term follow-up services including medication and/or service linkage for at least 350 NDA participants, at five sites throughout King County	\$307,500
2017 Annual Expenditure		\$307,500
2018	Short-term follow-up services including medication and/or service linkage for at least 350 NDA participants, at five sites throughout King County	\$315,495
2018 Annual Expenditure		\$315,495
Biennial Expenditure		\$622,995

3. **Implementation Schedule**

◇ *A. Procurement and Contracting of Services*

Several community behavioral health providers are currently under contract to provide this service. The county, in collaboration with providers, may re-RFP this body of work in late 2017, particularly should NDA enhanced services be joined with new behavioral health urgent care walk-in services for procurement and contracting purposes. This RFP process would proceed once crisis system improvement plans have been finalized. At that time, there may be changes to this body of work, including related contracts.

◇ *B. Services Start date (s)*

Services continued on January 1, 2017. 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-10 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. Re-RFPd services are expected to be launched in first quarter 2018.

4. Community Engagement Efforts

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