MIDD Briefing Paper

1d Mental Health Crisis Next day Appointments

Existing MIDD Program/Strategy Review ☐ MIDD I Strategy Number __1d____ (Attach MIDD I pages)
New Concept ☐ (Attach New Concept Form)
Type of category: Existing Program/Category MODIFICATION

SUMMARY: 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.

The NDA program is one of the programs that King County MHCADSD has utilized to assist in diverting people experiencing a behavioral health crisis from psychiatric hospitalization. The individuals served are those who are not currently enrolled in the King County mental health outpatient treatment system. 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 mental 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. The King County Crisis Clinic provides the 24-hour /7days per week centralized screening and authorization process for the NDAs. Currently there are five geographically distributed Community Mental Health Agency (CMHA) sites where NDAs are provided in King County. It is proposed that the existing NDA strategy be expanded to provide additional capacity and services to improve the system's ability to reduce the demand for and the use of psychiatric hospitalization.

Collaborators:

Name	**Department**

Subject Matter Experts and/or Stakeholders consulted for Briefing Paper preparation. List below.

Name	Role	Organization
Brigette Folz	Provider	Harborview
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The following questions are intended to develop and build on information provided in the New Concept Form or gather information about existing MIDD strategies/programs.

A. Description

1. **Please describe the New Concept or Existing MIDD Strategy/Program: Please be concise, clear, and specific. What is being provided to whom, under what circumstances? What are the New Concept Existing MIDD Strategy/Program goals? For New Concepts, does it relate to an existing MIDD strategy? If so, how?**

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.

The NDA program is one of the programs that King County MHCADSD has utilized to assist in diverting people experiencing a behavioral health crisis from psychiatric hospitalization. The individuals served are those who are not currently enrolled in the King County mental health outpatient treatment system. 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 mental 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. The King County Crisis Clinic provides the 24-hour /7days per week centralized screening and authorization process for the NDAs. Currently there are five geographically distributed Community Mental Health Agency (CMHA) sites where NDAs are provided in King County.

The NDA Services include:

1. Crisis intervention and stabilization services provided by professional staff trained in crisis management.
2. Consultation with an appropriate clinical specialist when such services are necessary to ensure culturally appropriate crisis response.
3. Referral to long-term (mental health or other) care as appropriate.
4. Benefits counseling to work with NDA clients to gain entitlements that will enable clients to qualify for ongoing mental health and medical services.
5. 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.

Under the original MIDD 1d Strategy the NDA services were expanded to provide additional services. Consumers in crisis will be seen for additional treatment and stabilization beyond the next day appointment. Potential additional services could include:

- ◊ Linkage to ongoing services as access is made more available through MIDD funding.
- ◊ Completion of Medicaid application process.
- ◊ Medication plan developed and linkage to primary care provider for those who are not enrolled for ongoing services.
- ◊ Referrals to chemical dependency treatment.

The current NDA program receives referrals from the DMHPs, hospital emergency departments, the King County Hospital/Inpatient Authorization Team, and the King County Mobile Crisis Team. The NDA program provided NDAs for 1,315 people in 2014. In the first nine months of 2015 the NDA program handled 1,358 referrals, of which 75 percent were referred by hospital emergency departments, seven percent were from the DMHPs, nine percent were from the Voluntary Hospital Authorization team and the other eight percent came from other first responder-type services. During a review of the current demand for NDAs with the King County Crisis Clinic, MHCADSD learned that the demand for NDAs from the local Emergency Departments far outstrips the current capacity. The Crisis Clinic believes program capacity could be doubled and still not fully meet the demand. When NDAs are not available to Emergency Departments for the people they believe need a mental health crisis intervention, referrals to inpatient psychiatric services are initiated. Therefore, it is proposed that the existing NDA strategy be expanded to provide additional capacity and services to improve the system's ability to reduce the demand for and the use of psychiatric hospitalization.

2. **Please identify which of the MIDD II Framework's four Strategy Areas best fits this New Concept/Existing MIDD Strategy/Program area** (Select all that apply):

   ☒ **Crisis Diversion** ☐ **Prevention and Early Intervention**

   ☐ **Recovery and Re-entry** ☐ **System Improvements**

   Please describe the basis for the determination(s).

Every person served in the NDA program has presented to the Crisis System due to a behavioral health crisis. Over 91 percent (those seen in the emergency room, persons presenting to the voluntary hospital authorization team, and those referred by the DMHPs) of these individuals would be considered for psychiatric inpatient services if the system did not provide the capacity for an NDA appointment.

B. Need; Emerging, Promising, Best, or Evidence Based Practices; Outcomes

1. **Please describe the Community Need, Problem, or Opportunity that the New Concept Existing MIDD Strategy/Program addresses: What unmet mental health/substance use related need for what group or what system/service enhancement will be addressed by this New Concept/Existing MIDD Strategy/Program? What service gap/unmet need will be created for whom if this New Concept Existing MIDD Strategy/Program is *not* implemented? Provide specific examples and supporting data if available.**

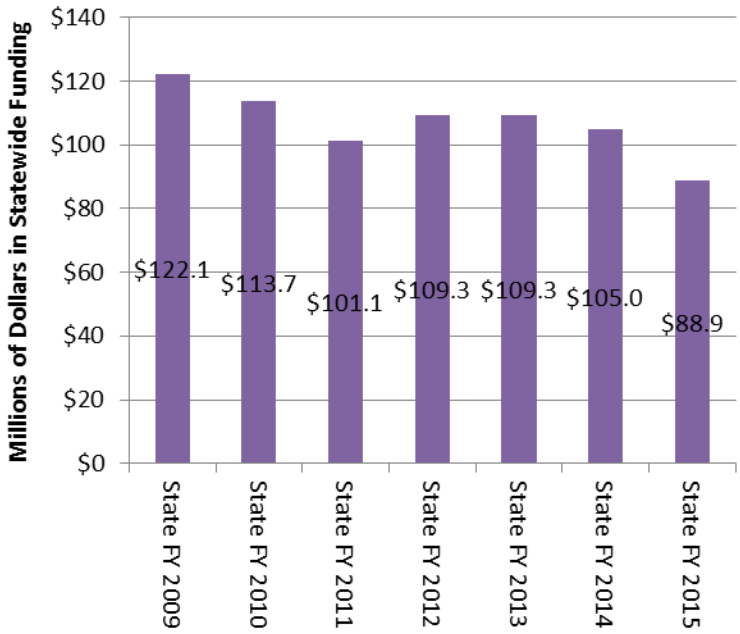
Diversion from inpatient psychiatric hospitalization is a critical need in King County and the state of Washington. The dramatic reduction in inpatient resources during the mid-2000s contributed to Washington's overall ranking of 46th among states in per capita short-term mental health facility capacity (including both community hospital beds and Evaluation & Treatment[1] (E&T) beds), according to a 2015 analysis by the Washington State Institute for Public Policy (WSIPP) of data from Substance Abuse and Mental Health Services Administration's (SAMHSA) 2010 National Mental Health Services Survey (N-MHSS).[2]

[1] Evaluation and Treatment Centers are facilities that provide involuntary and voluntary evaluation and treatment services for more than 24 hours within a general hospital, psychiatric hospital, inpatient evaluation and treatment facility, or child long-term inpatient treatment facility. WAC 388-865-0500

[2] Burley, M. & Scott, A. (2015).

Major cuts to flexible non-Medicaid mental health funds from the state have also significantly affected treatment access. These non-Medicaid funds are prioritized for crisis, involuntary commitment, residential, and inpatient services and play an important role in creating and maintaining a comprehensive continuum of community-based care. They also enable King County to facilitate treatment access for individuals who do not have Medicaid. As shown in Exhibit 3, between state fiscal years 2009 and 2015, there was a loss of $33.2 million (27 percent) statewide for these critical services. Consequently, the reductions have had deep and dramatic effects on the community's ability to respond to growing need and maintain or develop creative crisis solutions to reduce involuntary treatment demand.

Exhibit 3
State Flexible Non-Medicaid Mental Health Funding Reduced 27% between Fiscal Years (FY) 2009 and 2015



2. Please describe how the New Concept/Existing MIDD Strategy/Program Addresses the Need outlined above.

The NDA program is part of a continuum of services that have been developed in King County to divert people from psychiatric inpatient hospitalizations. Every person served in the NDA program has presented to the Crisis System due to a behavioral health crisis. As mentioned above, over 91 percent of these individuals would be considered for psychiatric inpatient services if the system in King County did not provide the capacity for an NDA appointment.

3. What EVIDENCE exists that the approach of this New Concept/Existing MIDD Strategy/Program will successfully address the identified need? Please cite published research, reports, population feedback, etc. Why would this New Concept/Existing MIDD Strategy/Program be expected to work? If this is an existing MIDD I strategy, please provide evidence of the results from existing MIDD evaluation reports, including who has/has not benefited from this strategy.

The MIDD Evaluation reports that the NDA strategy has been effective in meeting the primary policy goal of reducing jail, emergency room and hospital use. For example, in the *MIDD Emergency Department (ED) Use Summary for All Strategies* the graphic for Strategy 1d (NDAs) indicates that the target of a 32 percent reduction in ED use was met or exceeded for the period 2008-2015. On the hospital use measure reported in the *MIDD Psychiatric Hospital Use Summary for All Strategies,* the NDA strategy demonstrated a decrease in hospital use, but narrowly missed the MIDD evaluation established benchmark for hospital use decrease.

4. **Please specify whether this New Concept/Existing MIDD Strategy/Program is a/an: Promising Practice Please detail the basis for this determination. Please include a citation or reference supporting the selection of practice type.**

While there are no formal studies that specifically address NDA crisis services there is a body of evidence about the effectiveness of timely crisis services. NDA services have been utilized in King County for over 15 years to effectively divert people from inpatient hospital stays.

Crisis services are an important part of the continuum of publicly funded mental health services, although not technically an evidence-based practice. Their use over the past several decades has played an important role in providing immediate access to critical psychiatric services as well as basic services such as emergency housing, food and clothing. One of the main goals of crisis services is to determine an individual's ability to access and use services to stabilize their health in the community versus in the hospital.

The National Council for Behavioral Health has been providing training and consultation on access and retention, including walk-in access models and other same day/next day access models similar to those implemented within the County's NDA partner agencies. Same day/Next day access models to behavioral health services is a considered a best practice, offering appointments when people need them improves access to care and operational efficiencies, in addition to increasing client engagement[3].

5. **What OUTCOMES would the County see as a result of investment in this New Concept/Existing MIDD Strategy/Program? Please be as specific as possible. What indicators and data sources could the County use to measure outcomes?**

The primary outcome that the County would see is a direct diversion from an inpatient psychiatric stay. The additional outcomes that the existing NDA strategy has demonstrated is a reduction in use of jails, emergency rooms, and hospitals post the NDA intervention. This information can be primarily drawn from the MHCADSD Information System and from state and local data sources that track jail and emergency room use.

C. Populations, Geography, and Collaborations & Partnerships

1. **What Populations might directly benefit from this New Concept/Existing MIDD Strategy/Program:** (Select all that apply):

- ☐ **All children/youth 18 or under**
- ☐ **Children 0-5**
- ☐ **Children 6-12**
- ☐ **Teens 13-18**
- ☒ **Transition age youth 18-25**
- ☒ **Adults**
- ☒ **Older Adults**
- ☐ **Families**
- ☐ **Anyone**
- ☐ **Offenders/Ex-offenders/Justice-involved**
- ☒ **Racial-Ethnic minority (any)**
- ☐ **Black/African-American**
- ☐ **Hispanic/Latino**
- ☐ **Asian/Pacific Islander**
- ☐ **First Nations/American Indian/Native American**
- ☐ **Immigrant/Refugee**
- ☐ **Veteran/US Military**
- ☐ **Homeless**
- ☐ **GLBT**
- ☐ **Women**

[3] http://www.thenationalcouncil.org/

☒ **Other – Please Specify:** Individuals experiencing a behavioral health crisis that are seeking help from emergency rooms, the King County Designated Mental Health Professionals, or the King County Mobile Crisis Team.

Please include details about this population such as: individuals transitioning from psychiatric hospital to community; individuals judged incompetent by the court; children of drug users who are in foster care, etc.

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

2. **Location is an important factor in the availability and delivery of services. Please identify whether this New Concept/Existing MIDD Strategy/Program addresses a specific geographic need in the following area. Please provide additional that discusses the basis for the selection**: County-wide

Currently there are five geographically distributed Community Mental Health Agency (CMHA) sites where NDAs are provided in King County. These sites provide coverage to Metro Seattle, East King County, North King County, Southwest King County, and Southeast King County

3. **What types of COLLABORATIONS and/or PARTNERSHIPS may be necessary to implement this New Concept/Existing MIDD Strategy/Program, and with whom (other jurisdictions & cities, law enforcement, first responders, treatment providers, departments within King County, housing, employers, etc.)? Please be specific.**

Collaborations that the current strategy relies on are with the King County Crisis Clinic who screens the individual referred for NDAs; and with hospital emergency departments, the Designated Mental Health Professionals and the Crisis Solution Center's Mobile Crisis Team that make referrals to the NDA program. Additionally, the NDA providers need to develop partnerships with their peer provider agencies and local primary care clinics to assist with connections and provision of the aftercare services that people using the NDAs may need to help them remain stable in the community and avoid future hospitalizations.

D. Drivers, Barriers, Unintended Consequences, and Alternative Approaches

1. **What FACTORS/DRIVERS, such as health care reform, changes in legislation, etc. might impact the need for or feasibility of this New Concept/Existing MIDD Strategy/Program? How?**

The lack of psychiatric inpatient capacity addressed earlier in this briefing paper is a factor contributing to the need for a service that diverts individual from inpatient stays. Additionally, the recent State Supreme Court decision prohibiting "psychiatric boarding" of patients in hospital emergency rooms awaiting psychiatric inpatient bed is one of the major drivers that impact the need for this strategy.

The Washington State Supreme Court ruled in August 2014 that boarding psychiatric patients temporarily in hospital emergency rooms and acute care centers because there isn't space at certified

psychiatric treatment facilities is unlawful. The ruling was unanimous that patients held in temporary settings that do not provide individualized psychiatric treatment violates the state's Involuntary Treatment Act[4]

2. **What potential BARRIERS, if any, might there be to implementation? How might these be overcome? Who would need to be involved in overcoming them?**

This is an existing strategy that would need some additional staff capacity to address the anticipated increased demand in 2017 and beyond. There have been recent challenges for Community Mental Health Centers to recruit and hire experienced staff. NDA staff must be skilled clinicians with experience providing crisis interventions and/or brief therapy. The workforce development strategies that have been and may be funded under the MIDD may provide assistance with staffing capacity for this strategy.

3. **What potential UNINTENDED CONSEQUENCES might exist if this New Concept/Existing MIDD Strategy/Program is implemented? Please be specific---for whom might there be consequences?**

The program is already implemented; however, it could have potential impacts to the outpatient system due to an increase in referrals. Wait times for resources and services could increase if the outpatient system is unable to accommodate increasing numbers of referrals from NDA services in a timely manner. Additionally, there may be an impact on primary care clinics that receive referrals for people with behavioral health needs who do not qualify (due to income eligibility) for or do not wish to utilize public mental health services.

4. **What potential UNINTENDED CONSEQUENCES might there be if this New Concept/Existing MIDD Strategy/Program is *not* implemented? Please be specific---for whom might there be consequences?**

The NDA services have been an integral part of the hospital diversion and crisis stabilization continuum in King County for over 15 years. If the NDA service system was not in place an additional 1,300- 1,500 individuals per year would likely be psychiatrically hospitalized; King County does not have the psychiatric hospital bed capacity to meet this additional burden.

5. **What ALTERNATIVE APPROACHES currently exist to address this need apart from this New Concept/Existing MIDD Strategy/Program? At a high level, how does this New Concept/Existing MIDD Strategy/Program compare to those other approaches in terms of cost, feasibility, etc. Could this New Concept/Existing MIDD Strategy/Program be merged with one or more of the alternatives? What are the pros/cons of merging?**

Outpatient mental health and medical care clinics provide stabilization services for individuals who are willing to access treatment. The outpatient services do, however, have eligibility criteria that must be met and the individual must have the ability to pay for services or have insurance that covers the services. Additionally, there are wait times between the request for service and appointments that are often 10 days or longer. The NDA services are provided within 24 hours; do not require an ability to pay or insurance, and the eligibility criteria for service is that the person is experiencing a behavioral health crisis. The NDA is more feasible as a person first approach, eeting people where they are and not creating barriers to accessing care.

[4] RCW 70.96A.140 Involuntary commitment http://apps.leg.wa.gov/RCW/default.aspx?cite=70.96A.140

E. Countywide Policies and Priorities

1. **How does this New Concept/Existing MIDD Strategy/Program FIT within the CONTINUUM of care, and within other county initiatives such as Behavioral Health Integration, Health and Human Services Transformation, Best Starts for Kids, All Home, the Youth Action Plan, and/or the Vets and Human Services Levy or any other County policy work?**

Existing Strategy 1a1 has a direct fit with both Behavioral Health Integration and the Health and Human Services Transformation as the goal of the strategy is to shift from more costly care of hospitalization to linkage and the provision of care within the individual's community.

2. **How is this New Concept/Existing MIDD Strategy/Program rooted in principles of recovery, resiliency, and/or trauma-informed care?**

NDA crisis interventions are designed to assist individuals with brief solution focused treatment and linkage to ongoing treatment when individuals would benefit from additional support. The treatment builds on the resilience of the individual, assists with the development of skills to manage their crisis, promotes stability, and helps individuals return to their life roles.

NDA is designed to meet people where they are by providing care without regard to insurance, ability to pay, or income level. This helps ensure we are focused on individual needs, recovery, and trauma in the delivery of services.

3. **How does this New Concept/Existing MIDD Strategy/Program enact and further the County's EQUITY and SOCIAL JUSTICE work?**

The goal of this strategy is to serve people in the community and reduce the use of inpatient or institutional care for individuals. The program assists people to access needed behavioral health and medical care in their communities and reduce barriers to treatment by assisting with access to entitlements such as Medicaid and Medicare or other health insurance options.

F. Implementation Factors

1. **What types of RESOURCES will be needed to implement this New Concept/Existing MIDD Strategy/Program** (staff, physical space, training, UA kits, etc.)**?**

The NDA program requires dedicated mental health professional staffing in five office locations throughout King County that provide public transportation access. There is need for approximately .2 FTE of psychiatric prescriber time per site. The offices must provide confidential space for individual therapy sessions.

2. **Estimated ANNUAL COST. $100,001-500,000 Provide unit or other specific costs if known.**

The funding for each site (there are 5 sites) is proposed to be $95,000 for a total MIDD funding total of $475,000.

3. **Are there revenue sources other than MIDD that could or currently fund this work? Clarify response, citing revenue sources.**

In 2014 the State Division of Behavioral Health and Recovery Services provided a combination of State funding and Medicaid funding ($460,000) to increase the number of NDAs available in King County. The funding was provided due to the substantial problem that had been occurring state-wide and in particular in King County related to people "boarding" in hospital emergency rooms awaiting psychiatric

hospital beds. MIDD funding both leverages the state funding identified here, provides additional capacity and extends the services provided in the NDA program, allowing for multiple visits for stabilization, engagement, and confirmation of linkage to ongoing treatment services.

4. **TIME to implementation: Currently underway**
    a. **What are the factors in the time to implementation assessment?**
    b. **What are the steps needed for implementation?**
    c. **Does this need an RFP?**

This is an existing strategy that is an enhancement of services that are currently underway. There is not a need for a competitive bid process. If approved to move forward, amendments to existing contracts will allow for the program to continue with any revisions that might be proposed for MIDD II.

G. Any OTHER INFORMATION that would assist reviewers with making recommendations about this New Concept/Existing MIDD Strategy/Program? (optional). Do you have suggestions regarding this New Concept/Existing MIDD Strategy/Program?

Strategy Title: Increase Access to Community Mental Health and Substance Abuse Treatment

Strategy Title: 1d – Mental Health Crisis Next Day Appointments

County Policy Goal Addressed:

- A reduction of the number of people with mental illness and chemical dependency using costly interventions like jail, emergency rooms, and hospitals.

1. Program/Service Description

◊ *A. Problem or Need Addressed by the Strategy*

Next day appointment (NDA) services are an existing service that provides follow up to a face-to-face crisis service with timely direct crisis intervention, resolution, referral, and follow-up services. This help is available for individuals who are in crisis but may not be eligible for or need ongoing services. For those who do need ongoing services this can be a point of entry as long as the outpatient system has capacity [see strategy 1a (1)]. This service is used to divert costly inappropriate inpatient admissions. Current funding provides only a limited amount of follow up stabilization service.

◊ *B. Reason for Inclusion of the Strategy*

Expanded services will provide for increased stabilization and decreased inpatient utilization. Services that reduce emergency room visits and inpatient admissions constitute better care and will result in savings to the system. Access to ongoing mental health services following a crisis can result in more effective intervention with a person's illness, more successful stabilizaton, and prevention of further deterioration of the person's condition. Crisis services contracts are already in place

and expanded services could be provided immediately without a Request for Proposal (RFP) process.

◊ *C. Service Components/Design*

Consumers in crisis will be seen for additional treatment and stabilization beyond the next day appointment. Potential additional services could include:

- Linkage to ongoing services as access is made more available through MIDD funding.
- Completion of Medicaid application process.
- Medication plan developed and linkage to primary care provider for those who are not enrolled for ongoing services.
- Referrals to chemical dependency treatment.

The specific service components will be developed as part of a stakeholder process.

◊ *D. Target Population*

Adults aged 18 years or older who are at risk for voluntary or involuntary inpatient psychiatric admission, are not enrolled in RSN outpatient services, and who are referred by the Crisis Clinic or the Designated Mental Health Professionals (DMHPs). Crisis Clinic referrals include those persons seen in local emergency departments and it is determined that they can be safely stabilized in the community with appropriate and timely services, thereby averting an inpatient admission.

◊ *E. Program Goals*

1. Increase access to crisis stabilization services in order to reduce inpatient admissions.
2. Provide early and timely intervention into a person's mental illness in order to prevent further deterioration in the person's condition.

◊ *F. Outputs/Outcomes*

1. 750 persons will receive expanded crisis stabilization services.
2. An expected outcome is reduced admissions to hospital emergency rooms and inpatient units.

2. Funding Resources Needed and Spending Plan

Detailed spending plan to be determined based on review of data submitted by current providers.

Dates	Activity	Funding
Sept - Dec 2008	Implement expanded crisis services	$73,000
	Total Funds 2008	**$73,000**

Jan – Dec 2009	Target of 750 NDA referrals to receive expanded services	$250,000
	Total Funds 2009	**$250,000**
Ongoing Annual	**Total Funds**	**$250,000**

3. Provider Resources Needed (number and specialty/type)

◊ *A. Number and type of Providers (and where possible FTE capacity added via this strategy)*

Five existing Adult Crisis Services providers serving all regions of King County.

◊ *B. Staff Resource Development Plan and Timeline (e.g. training needs, etc.)*

Dates:	Activity:
September – December 2008	Staff retrained to new model
September 2008 – December 2009	Increased prescriber capacity
September – December 2008	Training for Crisis Clinic, Hospital ED Staff, DMHPs

◊ *C. Partnership/Linkages*

- Stakeholders to develop service model details: Crisis and Commitment Services, Crisis Clinic/ hospital authorization staff, Harborview Psychiatric Emergency Services staff, mental health crisis providers, chemical dependency providers, Mental Health, Chemical Abuse and Dependency (MHCADSD) staff.
- Partnerships with the five adult crisis services providers.

4. Implementation/Timelines

◊ *A. Project Planning and Overall Implementation Timeline*

Stakeholder process to develop program details:	May-July 2008
Development of contract amendments:	August 2008
Contract amendments in place:	September 15, 2008

◊ *B. Procurement of Providers*

The mental health providers are currently under contract with the County, and no RFP is required under this expansion of services.

◊ *C. Contracting of Services*

Contracts with current providers will be amended effective September 15, 2008.

◊ *D. Services Start date(s)*

Services will begin September 15, 2008 or as soon as spending authority is approved by King County Council.