South Bay Mental Health Center:
Best Practices for Urgent Care in an Outpatient Setting

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Training Objectives

- Identify three best practices for accessing urgent care appointments
- Identify community resources as part of established crisis plans
- Incorporate new strategies for urgent care and clinical effectiveness
Current Urgent Care Model: History of Best Practices

- Emergency care outpatient appointments for new referrals within 24-48 hours of phone call since 1986
- Protocol and process formalized in early 1990s
- Current design: Quality Improvement efforts and performance specifications from regulatory bodies
- Urgent care: clients discharged from a higher level of care or clients presenting with symptomology indicative of nearing crisis
Current Urgent Care Model: Best Practices

- Outreach appointments occur after initial visit - clinical observation and more favorable treatment outcomes (Yorgason, 2005).
- Statistically significantly increases client’s follow through rate with services: 80th percentile (MBHP, 2008)
- Staff training: risk assessment and crisis intervention; local emergency numbers; community resources available
Best Practices cont’d

- Bridge programs at local inpatient hospitals significantly increased client’s follow through with services- 50% greater likelihood at continuity with future scheduled therapy and medication visits (SBMHC, 2008)
- Affiliations developed with local ESP, ER’s, Inpatient hospital programs, Partial hospitalization and day treatment programs
- Ongoing coordination with community providers
- Quarterly “quality improvement reports” track and monitor clinic’s success in providing access and efficient services to clients
- Data for hospital readmission rate: 80th percentile for clients who are not readmitted within 30 days of discharge (SBMHC, 2008)
New Urgent Care Model: Accessibility

- Experienced clinicians in crisis intervention and prevention: 12 total
- Two appointments available daily Monday through Saturday for 1st visit, including after hours
- Scheduled through intake department
- Outreach or office visits offered
- On-call crisis line: supervisor to coordinate with intake department next business day
New Urgent Care Model: Clinical intervention

- Crisis planning and stabilization; formalizing and sharing crisis plans with client and providers
- Clinicians to meet with client daily to prevent hospitalization within one business day of referral
- Assessment, medication referrals, case management, day treatment programs, outpatient therapy, and other community referrals coordinated by clinicians
- Psychiatric services available 7 business days
New Urgent Care Model: Clients

- Clients ages 3 and older
- Current South Bay clients or non-South Bay clients
- Referral sources: ESP, Brockton Hospital, Brockton Community Health Center, clinical staff, partial hospitalization programs, schools, any other clinical provider
New Urgent Care Model: Effectiveness

- Goal: current cases to decrease hospitalizations and ER visits and to decrease for overall Brockton community by providing a less restrictive option of care.
- Greater flexibility and time allotted for short-term intensive crisis management.
- Can meet with clients daily versus weekly (no utilization restrictions).
- Strengths based approach to work closer with existing providers and keeping clients in the community.
- Coordinate referrals to new providers.
New Urgent Care Model: Challenges

- Clinician’s schedule flexibility and availability
- Client no-shows or cancels
- Community: determining medical necessity for urgent care/crisis visit
- Education within staff and community
- Data and outcomes: will be tracked with MBHP to determine and evaluate effectiveness of new model
References

- South Bay Mental Health Center (2008). *Quality Improvement Report*, 4th Quarter