

**The Durham Center LME  
Alamance-Caswell LME  
Orange-Person-Chatham LME  
Freedom House Recovery Center-Durham Center Access**

# Walk-In Clinic

## **Background**

Crisis Response is a key component of our mental health reform system of care, serving to reduce unnecessary hospitalizations in our community and at the state level. A true crisis response system incorporates a range of services to provide crisis response at increasing levels of need. Ideally, this range of response should include walk-in services, mobile crisis team, facility-based crisis services, non-hospital medical detox and other residential treatment and medical/psychiatric services, and should be provided within our coordinated network of care.

For our crisis response system of care to be effective, it must be linked to community providers in order to support ongoing care after resolution of the crisis. For many at-risk and uninsured individuals the psychiatric urgent care walk-in crisis clinics are the points of entry into the mental health system of care. In addition, services provided – though brief in nature – contribute to long-term recovery and exist as part of Durham’s “safety net” of crisis services. At the same time, they are more cost-effective than psychiatric hospitalizations and local emergency department admissions.

## **Program Description**

The walk-in crisis clinic is designed to serve adults and children seeking immediate access to psychiatric clinical services. Service design involves stationing a psychiatrist at Durham Center Access (DCA), which will be considered the “anchor” site. “Satellite” offices will be established in identified sites utilizing telepsychiatry to serve individuals in need from Orange, Person, Chatham, Alamance and Caswell counties. Each identified site will have access to the psychiatrist stationed at DCA via walk-in or appointment.

Walk-in care services will provide face-to-face services and interventions typically including assessment, stabilization, brief treatment and linkage with community services including crisis services as needed. Walk-in crisis clinics can provide:

- Psychiatric services for individuals who “fall through the cracks,” including those who typically do not respond to scheduled appointments or who are unable to secure appointments when services are needed;
- Diversion opportunity from higher levels of care;
- Acceptance of referrals of new consumers from more intensive (crisis) services within a reasonable period of time, with linkage to ongoing services
- Immediate availability of appointments for individuals transitioning from a hospital setting.

# Walk-In Clinic

## Durham Center Access

### Hours of Operation and Location

Hours of operation will be Monday through Friday, 10:00am to 6:00pm. Durham Center Access is located at: 309 Crutchfield Street, Durham, NC, 27704 on the Durham Regional Hospital Campus. A map may be located from our website at: <http://www.durhamcenter.org/index.php/provider/dca/>

### Access Protocol and Flow of Services

This service is available to consumers via call-in or by walk-in. Consumers seeking services will be triaged by the Nurse or Licensed Staff to determine need. Staff will also be responsible for contacting STR to determine if the consumer is open to the system and if so who the assigned provider is.

- If open to the system, staff will contact existing provider to gather pertinent treatment history and determine if walk-in services are the most appropriate form of treatment at this time or if a referral back to the provider is needed.
- If the consumer is not open to the system, the consumer site staff will be responsible for ensuring STR services are completed.

**Scheduling:** This service is available to consumers via call-in or by walk-in. If the consumer prefers to call-in, the next available appointment can be scheduled by calling Durham Center Access at (919) 560-7305. If the consumer is a walk-in, they will be provided with the next available appointment.

### Exclusionary Criteria

Please note that walk-in crisis clinic and telepsychiatry services will not be used to determine an involuntary commitment. Consumers may be referred to a higher or different level of care at any point throughout the process once the need has been determined.

### Target Populations and Eligibility Criteria

Children and adults from the identified catchment areas in need of psychiatric services AND:

- Discharged from State hospitals, private psychiatric hospitals, and community hospitals and are unable to secure a timely appointment in the community;  
OR
- Are currently NOT being served in the Provider Network and need immediate psychiatric assessment and care, medication evaluation and aftercare planning;  
OR
- Are being actively served by a provider, and are presenting with needs exceeding reasonable capacity beyond which the provider is able to provide.

### Outcomes/Goals

- Improve accessibility of urgent care services for individuals experiencing psychiatric and substance abuse difficulties
- Reduce the need for consumers to go to emergency departments
- Reduce the need for admissions to hospitals for consumers who can be served in the community
- Provide better structure for the coordination of care
- Provide an alternative to emergency departments for law enforcement officials interacting with consumers in distress or on petition.