

Mental Health Drop-in Centers

Report on the implementation of the pilot

Second Substitute House Bill 1394; Section 12(4); Chapter 324; Laws of 2019

December 1, 2021

Mental health drop-in pilot

Mental health minor emergency facility

In 2SHB 1394 the legislature tasked the Health Care Authority (HCA) Division of Behavioral Health and Recovery (DBHR) with creating and starting up a mental health drop-in facility by January 1, 2019. This facility would serve as an alternative to traditional services for a person experiencing non-crisis, sub-acute psychiatric distress. It was directed to be both peer-focused in its staffing and able to accept individuals dropped off by law enforcement. Operational funding for the pilot was included in the same proviso line item as the peer respites also referenced in 2SHB1394. Funding for peer respites and the mental health drop-in center pilot initiated in state fiscal year 2021.

In preparation for the 2020 supplemental session, HCA-DBHR worked on developing this pilot with the help of technical assistance from national leaders in the peer community. In order to meet the statutory requirement for police drop-off, the facility would need a robust staffing model that would still be peer-focused but would work with individuals in distress that were dropped off by police or family members. HCA-DBHR identified the '23-hour model' as the most cost-effective model. The Substance Abuse Mental Health Services Administration (SAMHSA) identifies this model as a case study in their [National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit](#) (SAMHSA, 2020). A program guide was developed, implementation plan, and training sources identified for the model in anticipation of the pilot starting in July, 2020. After reviewing the staffing model and the requirements for a facility to take police drop-offs, it was then estimated that the operating budget would take all of the allocation. This would not leave any room for the peer respite services DBHR was also charged with implementing in 2SHB 1394.

Inability to implement facility

After the 2020 legislative session concluded, DBHR reviewed the budget and the facility requirements. DBHR also looked at the funding for peer respites which was included in the same appropriation and determined funding was best used on a nationally known model. Based on these determinations and the impending budget cutting exercises, it was determined that it is not feasible to startup and operate a mental health drop-in center at this time. Funding the center at a severely reduced amount would reduce the capability of the facility to support people in sub-acute psychiatric distress and could result in an unsafe and unproductive environment. The funding in the budget proviso will be used to start-up and fully operate peer-respites which is a national model with a proven track record. The model for the pilot is fully developed and ready to be implemented if funding is provided for it in the future.

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