



IMPACT REPORT | MAY 2026

Merakey Mental Health Walk-In Clinic

Behavioral health urgent care: Creating access to comprehensive same-day services



BACKGROUND

Federal, state and local systems have responded to the past decade's alarming increases in suicide and overdose rates with critical investments in the behavioral health crisis infrastructure. A national framework for coordinated system of crisis care includes access to 1) someone to contact, 2) someone to respond, and 3) a safe place for help (SAMHSA, 2025a). The launch of the national 988 Suicide and Crisis Lifeline, expansion of mobile crisis teams and stabilization centers are core elements of this effort (CJI, 2025). However, a crisis system can be overwhelmed if it is used for accessing same-day services that do not require crisis care.

Even in a robust behavioral health service system, with a continuum from outpatient and community-based services through crisis services and inpatient care, limited access to same-day care results in delayed, unmet or exacerbated behavioral health needs and an increased reliance on overburdened and inadequately equipped emergency departments and crisis services. Unsure of where else to turn during periods of heightened distress or interruptions in psychiatric care, individuals may rely on mobile teams or crisis response centers for needs that could be effectively addressed in a non-emergent community-based setting. Alternatively, individuals may seek care in emergency departments or encounter law enforcement, systems that are already overburdened and poorly suited to address behavioral health needs. For others, uncertainty about how to access care and barriers to timely appointments result in delayed or unmet treatment needs and subsequent worsening of symptoms.

BEHAVIORAL HEALTH URGENT CARE MODELS

Behavioral health urgent care models have been proposed to fill this critical gap, providing timely access for individuals who do not require crisis services. The Substance Abuse and Mental Health Services Administration (SAMHSA, 2025b) defines behavioral health urgent care as a “safe, voluntary, and timely alternative and diversion from the use of hospital EDs or more intensive crisis services as a low-barrier entry point of care.” Behavioral health urgent care models are part of a continuum of crisis-related services, “that can prevent future crisis events and connect people with ongoing treatment and recovery supports” in contrast to emergency and crisis-services for higher acuity, behavioral health emergencies, including imminent risk of harming themselves or others.

Behavioral health urgent care services are characterized as time-limited, targeted and voluntary services, offering walk-in, unscheduled, and rapid access to care, in an outpatient setting with extended operating hours. Unlike other crisis-related service models, they do not include longer length of stay for stabilization services. The number of new programs across the behavioral health crisis care services continuum is increasing; however, there are few published reports about behavioral health urgent care models. (DuPerry et al., 2025; Nolin, 2025).

MERAKEY MENTAL HEALTH WALK-IN CLINIC

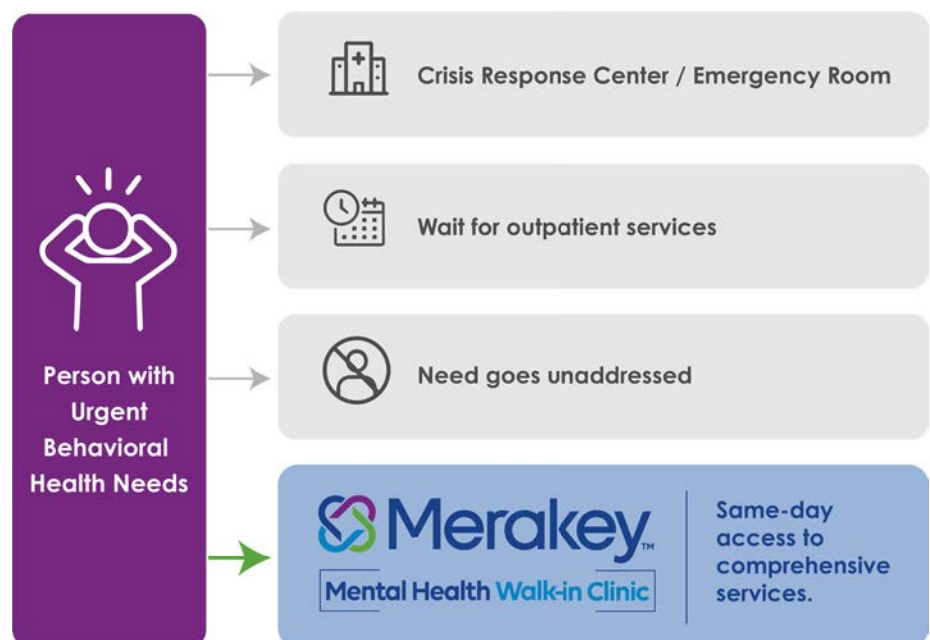
This report presents the development, care model and service design of an innovative behavioral health urgent care model in Philadelphia. The Merakey Mental Health Walk-In Clinic represents a transformative approach to addressing a critical gap in the mental health service continuum. Philadelphia's first and only adult behavioral health urgent care center, the Walk-In Clinic opened its doors in September 2024. Consistent with the SAMHSA definition of behavioral health urgent care, the Walk-In Clinic provides access to comprehensive mental health services, seven days per week (11am-6pm) without an appointment. It is not a replacement for ongoing mental health care but an alternative to avoidable visits to emergency rooms, crisis response centers, and calls to mobile mental health units for individuals seeking mental health services for the first time or seeking to reconnect with services.

This behavioral health urgent care model provides low-barrier access to behavioral health services including rapid assessment, brief therapy, psychiatric consultation, onsite medication administration, peer support, case management, and care coordination. This array of services is offered within a healing-centered physical environment designed to support emotional regulation and resolve emerging crises.

With the Walk-In Clinic, individuals with urgent behavioral health needs have a timely, accessible alternative to relying on crisis services, navigating outpatient appointment delays, or going without care altogether. In the absence of this option, many people turn to crisis services, an approach that is both burdensome for individuals and contributes to unnecessary demand on already strained

crisis systems. The Walk-In Clinic addresses this gap by providing same-day, comprehensive services that meet immediate needs while preserving crisis system capacity for individuals with higher-acuity concerns

Equipped to respond to a range of clinical presentations, the Walk-In Clinic addresses needs that could otherwise result in unnecessary escalation to higher-intensity, more costly services. The program avoids the scheduling, staffing and service constraints of traditional outpatient and crisis models to



offer timely, individualized care to address immediate needs and connection to ongoing services and supports.

DEVELOPED THROUGH PARTNERSHIPS

The program was developed through a partnership between Merakey, a national non-profit provider, and the Philadelphia Department of Behavioral Health and disAbilities Services and Community Behavioral Health. In 2023, the Philadelphia public behavioral health system was engaged in a crisis system redesign that included a network of regional community mobile response and crisis stabilization teams and crisis response centers. The Philadelphia public mental health system has a robust continuum of services, including inpatient, partial hospitalization, intensive outpatient, community based and outpatient services. Even with these resources, the system struggled to address clinical needs that fall between established service levels. The resulting gaps in care often led to unnecessary escalation to higher intensity, higher cost services.



The Walk-in Clinic provides accessible same-day mental health care within the continuum of services.

Philadelphia's behavioral health urgent care was conceived as a system-level intervention to alleviate pressure on a stressed crisis system and to create a new a low-barrier treatment option, easily accessed by all Philadelphians.

Selected through an RFP process, Merakey engaged in program development process that drew upon recovery and trauma-informed principles, evidence-based practices, environmental design, and deep understanding of the Philadelphia community's needs. Merakey identified the full range of services, including psychiatry, nursing and peer supports, required for an effective single-point-of care intervention. The program developed care pathways, workflows, staffing models and training to address the range of presentations as well as follow-up protocols to ensure linkage to ongoing services and support. In addition to site selection to provide access on public transportation and by car, the space was designed to be welcoming and to facilitate the interdisciplinary team-based care. The program also engaged with community partners to build connections to ongoing treatment and social resources and to increase awareness among referral sources and the public about this new treatment option.

INNOVATIVE SERVICE DESIGN AND CARE MODEL

Merakey designed a program that provides same-day access with no appointment required to an individualized **comprehensive array of services**, delivered by a skilled, compassionate, customer-service oriented **interdisciplinary team**, within a **healing-centered physical environment** designed to support emotional regulation and recovery.

Individualized Comprehensive Service Array

The Mental Health Walk-In Clinic is designed to deliver timely, effective behavioral health care in a supportive environment. The Walk-In Clinic's fundamental value proposition is same-day access, which significantly reduces wait times compared to traditional outpatient services. While therapy and psychiatric appointments typically take weeks to schedule, and community-based services often require prior outpatient engagement, the Walk-In Clinic eliminates these delays.

To meet the diverse needs of the community, the Walk-In Clinic offers a range of services designed to rapidly alleviate distress, resolve emerging crises and facilitate connection to ongoing supports, all consolidated into a single, accessible location:

- **Rapid assessment:** Immediate clinical assessment to understand presenting concerns, unique needs and identify appropriate services and resources
- **Peer Support:** As part of the care team, individuals with lived experience of mental health challenges offer support and information
- **Brief Therapy:** Drawing from the growing evidence-base for therapeutic interventions delivered in a single session to assist individuals in emotional distress
- **Crisis assessments:** To identify when an individual can be safely de-escalated and supported through clinic and community resources and, when needed, to provide coordinated referrals and facilitate transportation for individuals who require a higher level of care, including crisis or inpatient services
- **Psychiatric Consultation:** Same-day access to psychiatric professionals for medication management, including bridge prescriptions to address lapses in needed psychiatric medications and onsite medication administration to address immediate needs. This is particularly critical for transient populations, such as unsheltered individuals or returning citizens, who have not yet established outpatient services.
- **Psychiatric evaluations:** Same-day access to evaluations needed for more intensive services or social supports, ensuring individuals are connected to appropriate levels of ongoing care
- **Case Management:** Assistance navigating systems and accessing resources
- **Care Coordination:** Referrals to appropriate community-based and outpatients services and supports, including outreach following each visit to the clinic to support linkages to ongoing care

By consolidating services that typically require separate appointments into a single, integrated same-day service array, the clinic reduces the time investment required from individuals—from potentially weeks of separate appointments to just 2-3 hours in a single visit.

Services are delivered through structured yet flexible care pathways that can be individualized to address a wide range of clinical presentations. In collaboration with the care team, individuals are empowered to engage in services most relevant to their current needs. This integrated model allows the Walk-In Clinic to respond effectively to both acute and emerging concerns, whether supporting someone new to treatment, addressing medication gaps, or stabilizing symptoms to enable a smooth transition to ongoing care.

The Walk-In Clinic's approach is illustrated by the diversity of situations it is designed to address. For example, an individual in an agitated state following a recent traumatic event can be de-escalated through peer support, engaged in brief solution-focused therapeutic interventions and taught coping skills by a therapist, and connected to outpatient trauma service by a case manager. Another individual who has missed a long-acting injectable medication appointment with their provider, has their dosage confirmed and medication administered onsite by the CRNP, preventing a potentially destabilizing lapse in treatment. For an individual presenting with a more complex symptoms profile, the collaborative team model allows for rapid assessment. The therapist's clinical impressions are confirmed by a psychiatrist who initiates a mood stabilizer and the case manager coordinates a same-week outpatient appointment and confirms attendance. Across these scenarios the Walk-In Clinic functions as a responsive, coordinated point of access to services.

INTERDISCIPLINARY TEAM GROUNDED IN CONNECTION AND SERVICE EXCELLENCE

Critical to Merakey's design philosophy is a focus on staff training, team development, and customer service excellence. The Walk-In Clinic's success depends not only on the service design and the physical environment, but fundamentally on the quality of human interactions that occur within it.

The Merakey Mental Health Walk-In Clinic, is staffed by a team, including peers, therapists, case managers, nurses and psychiatry professionals.

Customer Service Excellence: All staff members are trained to approach interactions through a hospitality lens. Staff are encouraged to adopt a service mindset reflected in the language of compassion and dignity, greeting each individual with phrases such as "It's my pleasure" or "How may I support you today?" This emphasis on interpersonal engagement ensures that every person who walks through the door feels respected, valued, and cared for. Understanding that for many clients, this visit may represent one of the most difficult moments in their lives. Through warmth, attentiveness, and service excellence, Merakey's team transforms a crisis encounter into a moment of human connection and hope.

Clinical Training: Staff receive training in single-session intervention practices, ensuring they have the clinical skills to deliver effective therapeutic interventions within the time-limited framework of the urgent care model. This training encompassed specific techniques from cognitive-behavioral therapy, motivational interviewing, problem-solving therapy, and brief solution-focused approaches.

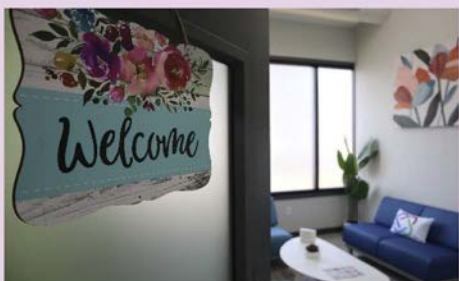
Crisis Response and Team Cohesion: Recognizing the importance of responding to crisis situations as a unified and cohesive team, staff training prioritized group crisis intervention and structured team-building. These trainings reinforced the importance of shared accountability and collaboration, ensuring that staff operate effectively during heightened situations. This strong team culture directly supports the effective execution of workflows and maintaining a consistent, compassionate approach to care even during challenging circumstances.

PHYSICAL SPACES DESIGNED FOR CONNECTION AND HEALING

At the core of the Merakey Mental Health Walk-In Clinic healing-centered design is the intentional consideration of how the physical environment influences an individual's experience. Traditional behavioral health settings are often characterized by fluorescent lighting, rigid institutional seating, impersonal layouts, and clinical aesthetics that can increase anxiety and distress during moments of crisis or vulnerability (Ames & Loebach, 2023; Rodriguez-Labajos et al, 2024).

SPECIFIC DESIGN FEATURES

Physical spaces designed for connection, regulation, and healing





Furniture & Comfort

Residential-style sofas, upholstered chairs, and casual seating arrangements create a welcoming settings that feels less institutional.



Sensory Regulation

Relaxation rooms with soft lighting, relaxing seating, and soothing sounds help clients reduce overwhelm and regain control.



Color, Light, & Nature

Natural light, calming colors, and plants help create a warmer, more comfortable and welcoming environment.



Art & Hope

Artwork by individuals with lived experience and messages of hope reinforce healing, recovery, and resilience.



Hospitality

Coffee, tea, and snacks communicate a simple but powerful message: comfort is care.



Whole-Person Supports

A clothing pantry and hygiene care kits address immediate personal needs and reflect a whole-person approach to care.

Drawing from principles of environmental psychology and “The Living Room” crisis respite center model (Heyland, Emery & Shattell, 2013), Merakey intentionally created spaces, from the waiting room, through triage and consultation, that convey a welcoming, comfortable environment.

Through same-day access to a comprehensive array of services, by highly skilled staff in a purposefully designed environment, the Merakey Mental Health Walk-In Clinic helps individuals stabilize within the community rather than progressing to higher, more restrictive, and more costly levels of care.

MERAKEY MENTAL HEALTH WALK-IN CLINIC DATA REPORT

Tracking data about the services and impact of the Merakey Mental Health Walk-In Clinic is a priority for the program. This report captures service trends from September 2024 through October 2025. The data included are de-identified, aggregate data collected in electronic health records during the provision of clinical services.

Since opening in September 2024, as the first and only adult behavioral health urgent care center in Philadelphia, the Walk In Clinic has experienced strong and growing demand for its services, an indication that it is filling a need in the service continuum. Between September 2024 and October 2025, the clinic served 2,828 individuals across 3,793 visits. The number of visits includes first time visits to the Walk-In Clinic, planned follow-up visits for individuals while they are being connected to outpatient services, and individuals who return due to the occurrence of another urgent behavioral health need.



*Comparing first quarter (Sep – Nov 2024) to most recent quarter (Aug-Oct 2025)

Service volume has increased 54% from the first quarter of operation to the most recent quarter of this study period. The Walk-In Clinic is open seven days per week and averages 11 visits per day, with higher volume during weekdays than weekends.

The Walk-In Clinic served individuals that represent the diversity of the community where it is located, including individuals who often face barriers accessing behavioral health services. Individuals served by the clinic ranged in age from 18-85, with an average age of 38. They were evenly split between

males and females, with 10% identifying as LGBTQ+ and 74% of individuals served identified as people of color.

Many of the individuals served by the Walk-In Clinic face complex social needs, including 12% reported being unhoused at the time of their visit, 11% reported involvement with the criminal justice system and 8% have a disability. The Walk-In Clinic screens for social determinants of health found that 29% of individuals served by the clinic experienced housing insecurity, 37% experienced food insecurity and 46% reported difficulties paying for basic needs.



The Walk-In Clinic was intentionally located on a main public transportation route and has onsite parking, to ensure broad access to all Philadelphians. While the Clinic served individuals from 11 states, over 95% were from Philadelphia, and over 70% of the Philadelphians served lived within 5 miles of the Clinic.

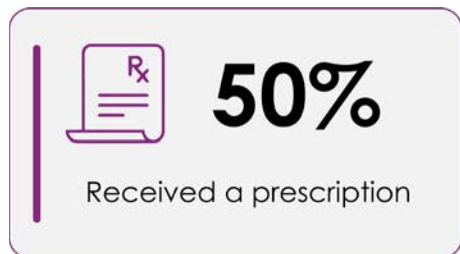
The Walk-In Clinic's model is designed to provide rapid access to an array of services that would typically require multiple appointments and extended wait times in traditional outpatient settings. The clinic provides same-day, walk-in services and does not take appointments. Wait-times between documented intake and beginning to receive services, and between being seen by the clinical team and discharge are tracked. The majority of individuals (54%) are seen in less than 30 min, 72% are seen in less than 60 min, and 91% are seen in less than 90 min. The length of the visit with the team is under 2 hours for 62% and under 3 hours for 85%. (This data includes only first visits to the Clinic, as follow-up or return visits are typically shorter visits). These timeframes are far less than an emergency room visit for mental health concerns (Santo, Peters & DeFrances, 2021) and include an array of services that would require multiple, time-consuming appointments and wait-times to access separately.



Long wait times for appointments with psychiatric professionals who can prescribe medications is a particular barrier in many communities. **50% of individuals seen at the Walk-In Clinic received a**

prescription during their visit. Moreover, 34% received a bridge prescription, to continue a medication that would have lapsed, without the Clinic appointment. In addition, every individual at the clinic receives access to peer support and aftercare planning, and nearly **80% had documented follow up outreach**, reinforcing continuity of care.

Individuals reported significant reductions in distress from the start to the end of the visit on a self-reported measure of distress. Individuals showed **substantial reductions in subjective units of distress** on a 10 point scale with an average score of 5.10 (SD = 2.96) at intake, with an average of 2.35 (SD = 2.07) at discharge (paired t-test; 95 percent CI: 2.62, 2.88, $p < .001$, $DF = 2,274$), reflecting the clinic's ability to stabilize and support people effectively within a single visit.



By offering a welcoming, supportive alternative to emergency rooms and crisis response services, the clinic is helping individuals remain safely in the community. **Of the 3793 visits the urgent care, 98.5% had needs that could be met at the Walk-In Clinic and did not require referrals to crisis services or a higher level of care.** This includes 427 individuals who presented in acute distress and required a crisis assessment, demonstrating the clinic's ability to safely de-escalate and provide services onsite. For the 56 (1.5%) individuals who were assessed to have acute needs requiring more intensive services, staff provided one to one support and facilitated transfers and warm hand offs to crisis or inpatient providers. Not only does this reduce strain on crisis service, but addressing urgent behavioral health needs outside of emergency rooms and crisis settings is a key strategy for reducing health care costs (Balfour et al., 2020).



BEHAVIORAL HEALTH URGENT CARE FILLING A CRITICAL SYSTEM GAP

The Merakey Mental Health Walk-In Clinic in Philadelphia offers an example of behavioral health urgent care model filling a critical need within the behavioral health service continuum. It serves as an off-ramp from crisis and emergency services, simultaneously reducing pressure on overburdened systems while improving the experience for individuals seeking care. It also creates a pathway for same-day services for individuals who may not otherwise access care, preventing the potential exacerbation of symptoms and their consequences. In its first year, the Walk-In Clinic has served nearly 3,000 individuals across more than 3,700 visits, delivering same-day, comprehensive care to a population that has historically had few options beyond emergency rooms, crisis centers, or going without support. The data show that individuals, including those who arrived in acute distress, could be safely stabilized and served within the community, avoiding costly and disruptive escalations to higher levels of care. Measurable reductions in self-reported distress, high rates of psychiatric medication access, and robust follow-up outreach reflect a model that addresses immediate needs while supporting longer-term recovery. Central to this low-barrier team-based program, is the intentional integration of environmental psychology, healing-centered spaces, and hospitality philosophy that contrast with the context of crisis experiences and support the conditions for effective care.

As communities invest in their ability to provide rapid response to acute crises, and build capacity within outpatient and psychiatric services that are often challenged by wait-times and access barriers, the Merakey Mental Health Walk-In Clinic offers a new model for meeting behavioral health needs.

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