

Patient Acuity Rises, Mental Health Urgent Cares Face Mounting Pressures

By Ashleigh Hollowell | December 29, 2025

Urgent care models have been in the U.S. since the 1970s. The concept, however, is relatively new to the mental health field, where patients are often only aware of a choice between therapy or an emergency department, with few options in between to triage their care.

Existing mental health urgent cares face an uphill climb to become relevant care options due to a lack of awareness about their existence as an alternative care path. Poor reimbursement structures and fragmented referral systems further exacerbate sustainability issues, industry insiders told Behavioral Health Business during INVEST 2025.

Yet, the need for their existence within the continuum of care is only growing – especially as patient acuity rises.

“We’re seeing more youth who seem to need these crisis services, and when they are coming in, they seem to have a lot of complexity,” Sean Schreiber, the chief operating officer for Alliance Health Plan, said during INVEST. “On the adult side, we’re seeing, again, this issue where the acuity level is high. A larger percentage are coming to urgent care and are being recommended for high levels of care, either IOP, inpatient or bed-based services. The trend we’ve seen is this mix of kind of higher acuity and [youth](#).”

North Carolina-based Alliance Health Plan operates multiple behavioral health urgent care centers that provide immediate crisis support for individuals experiencing a mental health or substance use crisis.

Mental health patients consistently add to the [strain](#) on emergency services and hospitals nationwide, accounting for around [5,123](#) out of every 100,000 ED visits nationwide, according to the Centers for Disease Control and Prevention.

When these patients are unwell and boarded in the ED before they can be discharged or transferred to a psychiatric facility, ill-equipped hospital systems lose between [\\$2,250](#) – \$2,700 per patient, per day, according to some estimates.

Growing wait times for regular mental health care – like therapy and psychiatry appointments – also spur ED visits from those who want to bypass the wait, according to Dr. Janet Kahn-Scolaro, the vice president of behavioral health at PM Pediatrics.

“The wait lists are so long that sometimes people use the emergency care, or urgent care, as a simple way to jump the line,” Kahn-Scolaro said. “They’ve typically been waiting for two or three months for care.”

PM Pediatrics is one of the largest providers of pediatric urgent care for children and young adults, including mental health, crisis and urgent care services in the U.S.

Urgent cares should ideally “be able to bridge and coordinate care on behalf of our members to make sure people are then reconnected with care so that they’re not coming back into EDs,” Schreiber said. However, education about their existence within the continuum of mental health care options and more sustainable reimbursement models is needed.

“There’s not necessarily a standard definition for behavioral health urgent care,” Schreiber said. “When you think about typical physical health urgent care, we all think of the same thing.”

When Alliance Health Plan began opening its mental health urgent care centers, Schreiber said he and the team thought it would be like the 1989 movie “Field of Dreams,” famously quoted for its “If you build it, they will come” line.

Yet, the hardest part was educating the community about what the urgent mental health care offered and referral headaches.

“Lo and behold, they always seem to struggle to get that actual throughput and even referrals,” Schreiber said. “What we’re finding is that it’s super hard for some populations to break a cycle of going to emergency departments for this type of care. You would think that with such a behavioral health crisis, people would flood these things. But we find it takes a bit of work to make our urgent care alternatives become valuable to emergency departments.”

Much of that work involves building strong community partnerships, educating local hospitals and other providers about the urgent care’s existence and capabilities, educating families and advertising.

When they are utilized as part of the continuum of care, they can yield up to a 40% reduction in readmissions, Tom Fuller, chief of staff at Connections Health Solutions, said during INVEST.

“Our urgent care model we view as a front door to our crisis system,” Fuller said. “We use urgent care for the ability to connect to those higher levels of care, and also allow us to ensure that folks who are enduring long waits for outpatient care, or who may otherwise be using the emergency room, actually have a place to go.”

Connections Health Solutions is a national provider of behavioral health crisis care, including 24/7 walk-in mental health clinics, crisis stabilization services and recovery support.

The education component has been most successful at the local level, Fuller explained.

“We partner in every state, every county, to be able to work extremely closely with the county itself, because that is important to our crisis model,” Fuller said. “We partner very closely with those counties to demonstrate and share with their community and constituents that our urgent cares are available and open. We do a combined partner marketing process to ensure that folks understand that this is a model of care that has the full support of all the other providers that they may otherwise be using.”

Urgent care providers must be ready to treat and triage patients with any type of crisis, which requires strategic payer partnerships for reimbursement.

“In terms of reimbursement, what we need to do is partner incredibly closely with any potential payer, whether that is any public or private insurance, whether that is a county, community company, or uninsured patients who need to come in,” Fuller said.

However, even within the same state, payer rates can vary dramatically and in general, urgent mental health services are more heavily utilized by Medicaid patients, which has its own challenges.

The cuts to Medicaid, new eligibility requirements and pending rate determinations all create “the perfect storm” for challenges to these models entering 2026, Schreiber said. It doesn’t make them less relevant, but harder to keep sustainable among ongoing policy changes and federal uncertainty – and if anything, it will likely increase patient demand for this type of care, he suspects.

“You’re going to potentially have the general population of practitioners who take care of Medicaid patients probably reconsider some of their participation in Medicaid,” Schreiber said. “You’re going to see fewer people covered by Medicaid due to work requirements. Redetermination is going to drive the need for more urgent care, but the funding to support it won’t be there. So it will be interesting how the system adapts.”

Fuller said this is where strong payer partnerships will be key, and proving value through data and outcomes will be imperative for behavioral health urgent care operators.

“It further catalyzes the need for validations, where you can very clearly demonstrate with data for your patients and using data from patients who may not have come to your services, that you’re providing a high-quality service at lower cost,” Fuller said. “You need to be able to do that effectively and appropriately with every payer.”