

Task Force Recommendations

*To improve the psychiatric crisis
and emergency system in Central Ohio*

Prepared and published by:



Psychiatric Crisis &
Emergency System Task
Force of Central Ohio
(PCES)

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Funding Partners:



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Overview.

According to the Alcohol, Drug Addiction and Mental Health Board of Franklin County (ADAMH), nearly one in four adults in Franklin County experience mental illness. And more than 11 percent, or 100,000+, Franklin County residents ages 12 and older have needed treatment for an illegal drug or alcohol use problem (2010 – 2012). The need for emergency psychiatric and addiction services in Franklin County is urgent. Currently, psychiatric patients in crisis are overwhelming hospital emergency departments (ED), which, to date, have not been designed to prioritize the care of patients in behavioral health and addictive crises. Such patients also present serious challenges to free-standing behavioral health and addiction crisis programs, such as Netcare. A few of these challenges include handling the volume, and managing patients presenting with high levels of comorbid physical health problems and concerns. Consequently, psychiatric patients in crisis often face long waits before accessing a bed and/or skilled psychiatric care. Unfortunately, prolonged stays in the ED are neither patient-centered nor cost-effective.

In response to this need, the Central Ohio Hospital Council (COHC), Central Ohio Trauma System (COTS), and Franklin County ADAMH Board (ADAMH), with support from The Columbus Foundation joined together to develop the Psychiatric Crisis and Emergency System Task Force (PCES) to improve the psychiatric crisis and emergency services system in Franklin County. The funding for the effort is provided by ADAMH and The Columbus Foundation.

*For more information, please visit
www.pcestaskforce.org*



Objectives.

The objectives of the Task Force include:

- To identify best-practice strategies and build agreement to ensure Franklin County has a system that is well-prepared to meet the current and future demand for services;
- To facilitate community discussion among leaders from the major providers of psychiatric crisis and emergency services in Franklin County and other interested parties;
- To identify and understand the community need for psychiatric emergency services in Franklin County and existing services available;
- To review evidence-based approaches for the delivery of psychiatric emergency services; and
- To develop a report to share findings and recommendations to improve the system, and determine the proper next steps to implement them.

Process.

The Task Force launched its work in October, 2014. Project leaders retained an independent facilitator, Ann Gallagher, Gallagher Consulting Group, to shepherd the effort. Gallagher conducted personal interviews with the thirty (30) members of the group. The findings from the research helped guide the initiative. The group met regularly from November, 2014 – November, 2015. After becoming familiar with each other, the Task Force charted its goals. Task Force members participated in problem identification and system mapping exercises to yield clarity about the complex issue of psychiatric emergency services. They also analyzed broader issues related to mental health and addiction services in the region.

The group studied best practices from other areas of the country and examined the current system and offerings in Franklin County. Members invited representatives of the payor community to share insights and realities of the changing payor models in health care. After the foundational work was completed, Task Force members worked individually and collectively to develop potential solutions and recommendations to improve the system. This document outlines those goals and recommendations. It is important to note that the Task Force prioritized the recommendations to focus on the ones which will have the greatest impact and return on investment.

The Task Force firmly believes that improving the psychiatric crisis and emergency services system and overall access to behavioral health and addiction services requires an inclusive approach. The Task Force completed a series of meetings and other outreach efforts to gather and incorporate input from other critical stakeholders such as law enforcement, first responders, and other key community partners.

Goals.

The PCES Task Force recommends focusing resources and efforts on achieving the following goals:

- 1.** Increase access to patient-centered mental health and addiction-related crisis services and expand intermediate and ambulatory care options.
- 2.** Decrease utilization of emergency departments and inpatient services and reduce the length of stay of psychiatric patients in emergency rooms.
- 3.** Ensure equitable patient care regardless of payor source.

Recommendations.

1 Create a comprehensive, collaborative system of crisis care for individuals experiencing mental health and/or addiction emergencies.

The Task Force recommends formalizing a system which fosters collaboration among all key providers and stakeholders related to mental health and/or addiction crises. A collaborative system is a proven method to handle the influx of patients with psychiatric and addiction needs. The central Ohio region already implemented some aspects of this approach, as illustrated by recent changes of youth crisis through a partnership with ADAMH, Nationwide Children's Hospital and The Ohio State University Wexner Medical Center (OSUWMC). While this is an example of moving in the right direction, the Task Force recommends establishing a more comprehensive, formal system with an integrated structure across the lifespan.

The collaborative system would embrace an integrated model with system-wide process improvements such as communications, access to data, information sharing, standardized protocols across systems and consistent, broad use of community treatment plans. The Task Force acknowledges that responsibility to develop and maintain an effective and sustainable psychiatric crisis and emergency services system is a responsibility shared across the entire community. For practical purposes, the Task Force believes that development of a collaborative model will be most successful if Netcare Access and OSUWMC work together as primary thought leaders, providing that this shared community responsibility is acknowledged and operationalized accordingly.

The Task Force recognized other communities, (e.g., Pittsburgh, Minneapolis-St. Paul) which successfully operate comprehensive systems as possible examples to use in modeling the program in Franklin County.

Creation of Oversight Body

The Task Force also recommends establishing an oversight body to lead the process of coordinating the implementation of all recommendations outlined in this document. The current PCES Task Force can be re-chartered to serve this purpose. The oversight group will be comprised of organizational representatives of the current PCES Task Force and other critical external representatives (e.g., law enforcement, payor community). It will embrace a collaborative model that promotes shared decision making and accountability. Before the group is developed, participants must create and agree upon roles, rules of engagement, commitment required, and accountability metrics. Once established, the oversight group will coordinate the implementation of several tasks such as; realignment of the Bed Board, and the creation of an expert, *ad hoc* group to understand and decrease inappropriate services consumed by high utilizers in the system.

Task Force members know that developing and operating a comprehensive, collaborative system is a complex, long-term process which requires expertise, approvals, participation, funding, and other support from many significant parties. The PCES Project Team Leaders will continue to facilitate the work of the Task Force as it evolves and addresses issues and questions associated with implementation. Collectively, the members of the PCES Task Force and other key stakeholders must work together to secure financial and in-kind support to advance the new administrative body and the future effort required.

Recommendations.

2 Identify and develop additional options for intermediate and ambulatory care for individuals in need of mental health and/or alcohol and drug addiction treatment.

Providing additional options for intermediate and ambulatory care is an effective and efficient way to make immediate improvements to the system. The Task Force recommends the following additional options for intermediate care:

- Expand services and hours at community mental health centers. The group suggests developing a pilot program with select community mental health center(s) which would include expanded hours, enhanced ability to schedule and access care for both linked and unlinked patients, and standardized processes across the system.

- Increase the number of sub-acute detox beds and ambulatory treatments.
- Increase the use of crisis action teams, mobile crisis teams, and telepsychiatry.

Similarly, the Task Force acknowledges and supports the community efforts already underway to increase intermediate care options. For example, The Ohio State University's CALM (Crisis, Assessment and Linkage Management) is a program that can be studied and possibly expanded or replicated elsewhere. Another example is Maryhaven, which is working to expand the number of subacute detox beds in the region.

3 Build collaborative, effective working relationships with the payor community to favorably encourage an improved model which ensures that patients receive access to high quality care in a cost-efficient manner.

Working in tandem with the payor community is essential. The PCES Task Force believes that there are several ways that it can work with the payor community to improve the overall system. For example, PCES recognized that the outdated federal Institutions for Mental Diseases (IMD) provision is a hindrance to access to care. Currently, providers are unable to bill Medicaid for treatment in psychiatric, free-standing facilities with more than 16 beds. As a result, patients experiencing psychiatric crisis may experience long delays to much-needed urgent treatment.

The Task Force recommends working with public officials to eliminate barriers to necessary treatment because of the IMD exclusion. Similarly, improved collaboration and communication between clinical service providers and payors may be fostered by developing a standardized care coordination system that transcends specific levels of care. PCES also recommends that payors are included in future discussions and efforts to implement the recommendations outlined in this document.

Recommendations.

4 Build robust education and outreach effort for patients and patient-families.

The PCES Task Force recognizes that there is an information gap about what to do when a person or a family member is experiencing a psychiatric and/or addiction-related crisis. To improve the overall psychiatric emergency crisis system in Franklin County, the community must be educated

about; resources available, specific actions to take during an emergency, and how to prevent crisis situations. The Task Force recommends developing and implementing a communications outreach plan to ensure the proper messages and methods are used.

The Way Forward: Next Steps and Implementation

The PCES Task Force acknowledges that collaboration is essential to improving the psychiatric crisis and emergency services system in Franklin County. In that spirit, the Task Force completed a series of input meetings for stakeholders (e.g., law enforcement, courts, providers, payers, public sector) to gather input. The feedback is incorporated into these recommendations.

Through its communication and outreach efforts, the Task Force also learned about other community efforts underway to improve the psychiatric crisis and emergency services system. For example, Franklin County has been working on a county justice and behavioral health systems improvement project with the Council of State Governments Justice Center to help assess the challenges associated with the large numbers of people with mental illness cycling in and out of jail. The Columbus Fire and Police are working on diversion plans for those in mental health crisis. There is also a group of payors who are meeting regularly with the State of Ohio about ways to contain costs, reduce overcrowding in hospital

emergency rooms, and ensure access to proper care. The PCES Task Force applauds these initiatives and recommends that all efforts be coordinated for maximum positive impact.

As part of implementation, the Task Force is working on the following foundational and administrative tasks:

- Re-charter Task Force to create new oversight group to handle implementation;
- Develop and secure funding for initial implementation and ongoing clinical activities.
- The PCES Project Team Leaders will facilitate the communication of final recommendations to key decision makers and potential funders.

Project Team Leaders will help foster the creation of the re-chartered oversight group and keep the work moving forward. This includes the continuation of quarterly PCES Task Force meetings and a paid facilitator to assist with communications and coordination.

The Way Forward: Next Steps and Implementation *(continued)*

The recommendations outlined herein have short and long term aspects. The Task Force identified the following short term action items which should be focused on during the initial implementation phase:

- Create an *ad hoc* committee to study and realign the Bed Board;
- Develop pilot project(s) to expand services and hours at community health centers;
- Create a work group to determine how to decrease consumption by high utilizers; and
- Make recommendations on developing a standardized definition of Psychiatric ED surge.

Work Groups and Time Lines

To advance these short term action items, the task force has created several work groups with designated volunteer leaders, specific objectives, and implementation schedules. Phase I. of the implementation focuses on the initial design of a collaborative model and related activities. The Task Force anticipates this phase will be completed in 9-12 months, and will achieve key milestones during this period. As part of its scope of effort, the work groups listed below will develop cost estimates for implementation.

WORK GROUP	OBJECTIVE	ESTIMATED TIMING
Collaborative System Design <u>Co-Chairpersons:</u> John Campo King Stumpp	To design a collaborative system of crisis care which establishes a more comprehensive, formal system with an integrated structure.	September 2015 – June 2016
High Utilizers <u>Chairpersons:</u> Alan Freeland Delany Smith	Develop recommendations about how to decrease consumption by high utilizers	September 2015 - April 2016
Surge Standardization <u>Chairpersons:</u> Jeff Klingler	Develop a standardized definition of Psychiatric ED surge	Started early 2015 – March 2016
Bed Board Realignment <u>Chairpersons:</u> Dallas Erdmann Jeff Klingler	Study and realign the Bed Board	Timing is dependent upon the results of the other work groups September 2015 – TBD
Funding Systems Improvement <u>Chairperson:</u> Lisa Courtice, Ph.D.	Works on issues related to funding and resources necessary for implementation	Ongoing

Task Force Members.

PROJECT TEAM LEADERS

Lisa Courtice, Ph.D

Executive Vice President
The Columbus Foundation

Robert Falcone, MD

Chief Executive Officer
Columbus Medical Association

Jeff Klingler

President and CEO
Central Ohio Hospital Council

David Royer

Chief Executive Officer
ADAMH

Mark Hurst, MD

Medical Director
Ohio Department of Mental Health

Facilitator:

Annie Gallagher
Gallagher Consulting Group

MEMBERS

ADAMH Franklin County

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Delany Smith, MD, System Chief Clinical Officer

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Jeff Klingler, President and CEO

Central Ohio Trauma System

Phil Cass, Ph.D., Former CEO

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Robert Falcone, MD, Chief Executive Officer

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Lisa Courtice, PhD, Executive Vice President

Columbus Neighborhood Health Centers

Reed Fraley, Senior Director
Beth Whitted, MBA, Dr.PH, Director of Regional Operations

Dublin Springs

Garry Hoyes, Chief Executive Officer

Maryhaven

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Sara McIntosh, MD, Medical Director

Mount Carmel West

Sean McKibben, President and Chief Operating Officer
Sharon Hawk-Carpenter, Unit Director

**National Alliance of Mental Illness,
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Osteopathic Heritage Foundation

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Alan Freeland, MD, Chief Clinical Officer

The Task Force...in their own words

The Alcohol, Drug and Mental Health (ADAMH) Board of Franklin County recognizes the urgent need to improve the psychiatric crisis and emergency services system in Franklin County. The initial work of the task force was instrumental in bringing the major providers of psychiatric crisis and emergency services and interested parties together. From this preliminary work, the community now has a stronger foundation to implement changes that will make a real difference in the lives of the people we serve.

David Royer
Chief Executive Officer
The Alcohol, Drug and Mental Health (ADAMH) Board of Franklin County
www.adamhfranklin.org

In recent years, Central Ohio hospitals have seen significant increases in the number of patients who are in need of psychiatric care. Patients with long waits in an ED until appropriate care can be provided places them in environments not conducive to treatment of their mental health crisis. As its core mission, the Central Ohio Hospital Council brings hospitals together with other community stakeholders to address issues that impact the delivery of health care to central Ohioans. Meeting the behavioral health needs of our residents is a top priority for the central Ohio community. COHC has been privileged to be part of this collaborative effort to improve the psychiatric system for central Ohio residents, and looks forward to working with our partners on ways to provide high-quality, timely care to patients in need of psychiatric services.

Jeff Klingler
President and CEO
Central Ohio Hospital Council
www.centralohiohospitals.org

Challenged with an overload of ED patients with psychiatric issues, our member hospitals asked COTS for assistance. We initially worked with the EDs to maximize current resources, but quickly realized this was an issue requiring a system approach. COTS with COHC and ADAMH approached the Columbus Foundation to help convene and fund a community task force. The Columbus Foundation agreed and PCES was formed. COTS is a founding member and active partner of PCES. We support the task force recommendations, and look forward to systemic solutions, which build on the collaborative processes established so far and those that will be established in the future.

Robert E Falcone, MD, F.A.C.S.
Chief Executive Officer
Columbus Medical Association & Central Ohio Trauma System (COTS)
www.goodhealthcolumbus.org/cots

The Columbus Foundation recognizes that ongoing investments to improve the mental health of Columbus residents is critical, thus ensuring that our community remains vital. The Foundation is participating on the Psychiatric Crisis and Emergency System Task

Force in an effort to improve access to care for the thousands of community members needing treatment annually. Clearly, the demand for services far exceeds the providers' ability to treat people in a timely manner and has resulted in system of care that is highly stressed. The highly trained and talented professionals managing this care system deserve our support.

The Task Force worked diligently to produce a set of recommendations that promise to improve the system of care for people in need and for the talented professionals called to serve in this noble field. The overarching recommendation to create a comprehensive and collaborative system of care is ambitious. We are grateful to have exceptional leaders at the table prepared to create this new system. The Columbus Foundation will remain engaged on many levels and is actively working to help meet the goals of the recommendation to identify and develop additional options for care. We will be working with the emergency and community mental health systems to help find solutions to improve outcomes.

Lisa Courtice, Ph.D.
Executive Vice President
The Columbus Foundation
www.columbusfoundation.org

On behalf of Dublin Springs it has been a privilege to be a part of the PCES Task Force. The work that the task force has completed is critical in addressing the emergency behavioral health needs in Central Ohio. Every day there are people in need of psychiatric services in Central Ohio. The community need is present and not going away. Only by addressing the issues facing our emergency rooms, and working together can the demand for services be met to benefit all parties. As changes occur, it is important that the payor community is a part of the collaboration. Eliminating the outdated IMD waiver exclusion, in conjunction with restructuring reimbursement must be addressed in order to constructively address the shortcomings of the existing system. Dublin Springs is committed to working collaboratively to address a systemic approach to care, access to services, and providing high quality care.

Garry Hoyes
Chief Executive Officer
Dublin Springs
www.dublinsprings.com

As a not-for-profit, Catholic health system, Mount Carmel believes that all individuals should have access to high quality, people-centered care. We support efforts for better health, better care and affordable costs across the continuum of healthcare delivery, including behavioral health services. We have been honored to participate on the PCES task force and look forward to continuing to work with various stakeholders to improve access to behavioral health services in our community.

Sean McKibben
President and COO
Mount Carmel West
www.mountcarmelhealth.com

The Task Force...in their own words

Since 1995, Netcare Access has served as the crisis and emergency services “front door” for Franklin County residents experiencing severe mental disorders and substance abuse issues. Our experience, after 20 years, tells us that the crisis system needs to be updated with best practices and improved design to serve the more than 10,000 individuals who visit us annually, as well as thousands more who go to local hospital emergency rooms unnecessarily. This collaborative effort will hopefully lead to improved services for Franklin County and the City of Columbus.

King Stumpp
Chief Executive Officer
Netcare
www.netcareaccess.org

The work of PCES is some of the most important work we have going on in our community today. We know there is a growing demand. Our ability to serve those in need requires having everyone at the table working together and pushing the envelope to bring the right care to the right people at the right time. Collaboration is key and we are proud to be a part of it.

Dave Blom
President and CEO
OhioHealth
www.ohiohealth.com

PrimaryOne Health has been participating with PCES to give voice to the patients' need for the full continuum of integrated health services as a route to reducing the burden on our community's already exhausted psychiatric crisis and emergency system. This can be done by expanding behavioral health services in both the primary care and mental health outpatient settings.

Reed Fraley
Chief Operating Officer
PrimaryOne Health
www.primaryonehealth.org

Funding Partners.



The Franklin County ADAMH Board's (ADAMH) mission is to improve the well-being of our community by reducing the incidence of mental health problems and eliminating the abuse of alcohol and other drugs in Franklin County.



THE COLUMBUS FOUNDATION

The Columbus Foundation is the trusted philanthropic advisor® to nearly 2,000 individuals, families, businesses, and communities that have created unique funds to make a difference in the lives of others through the most effective philanthropy possible. Serving the region for 70 years, The Columbus Foundation is the seventh largest community foundation in the United States today. The Foundation's online resource, PowerPhilanthropy®, makes it possible for everyone to access valuable information about central Ohio nonprofits.