

**Franklin County Task Force on**

**Psychiatric Crisis and Emergency System (PCES)**

**Extended Session**

**MEETING NOTES**

**From April 27, 2015**

**I. INTRODUCTION**

The PCES task force met for a special extended meeting April 27, 2014 from 8:00 am – 11:30 am at The Columbus Foundation.

The objectives of the meeting included:

* Complete development of recommendations;
* Discuss strategic communications rollout; and
* Determine future role of Task Force.

The majority of the session was devoted to completing the development of recommendations. The task force built on its previous work related to short term goals and solutions.

After considerable discussion and group work, the full group reached tentative consensus on goals, recommendations, and solutions which are outlined in this document. The group will meet in mid-June to formalize recommendations and desired next steps for the task force.

**II. NOTES AND KEY FINDINGS**

***A. Update on mapping graphic***

At the start of the meeting, Jeff Klingler shared an update progress on the mapping exercise. The working document can be found on the PCES website. Jeff requested that task force members review the numbers related to their respective organizations to ensure they are accurate. Please send any changes to Jeff at [jeffk@centralohiohospitals.org](mailto:jeffk@centralohiohospitals.org). This visual depiction of the current system will help support the need to support and implement the recommendations of the task force.

***B. Goals***

Building upon its previous work, the task force tweaked and consolidated its long-term goals as follows:

1. Increase access to patient-centered mental health, alcohol and drug addiction, and psychiatric 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.

***C. Recommendations***

The task force had lengthy discussion about recommendations. The members determined that the recommendations can be collapsed into three broad areas as outlined below. They also acknowledged that each recommendation requires multiple action steps.

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

Factors for consideration:

* This is already happening to some extent
* Consider collaborative with OSU and Netcare as primary parties
* Must provide additional “urgent access”
* Explore possibility of OhioHealth having ability to directly admit to TVBH
* Create governing body to oversee the realization of this process
  + Shared governance based on contribution
  + Define roles and rules of engagement
  + Commitment and accountability metrics must be determined
* Create an *ad hoc* committee to study and realign the Bed Board
* Create a task force to look at decreasing utilization of services by high utilizers
* Develop better communications processes to share data
* Standardized use of community treatment plans facilitates information sharing
* Learn from other models/communities who do this well (e.g., Minnesota)
* Noted recent effort of ADAMH, Nationwide Children’s and OSU for adolescents

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

Factors for consideration:

- Expand the number of subacute detox beds in the community (Maryhaven in process)

- Expand services and hours at community mental health centers. Develop pilot program which includes expanded hours, ability to schedule people in and which works with linked and unlinked patients/programs and includes standardization of processes throughout the system

- Explore expansion and replication of North Central model

- Increase use of ACT teams and telepsychiatry

1. Build collaborative, effective working relationships with the payor community to favorably resolve IMD waiver and related Medicaid expansion issues and encourage an improved model which ensures that patients receive access to high quality care in a cost-efficient manner.

Factors for consideration:

- Ensure payors are included in future discussions and efforts to implement recommendations

***D. Important factors and considerations***

The members of the task force acknowledged that there are many factors that must be considered and incorporated to successfully achieve its goals and implement its recommendations. The following are a list of these topics identified:

* Must coordinate with correctional facilities
* Must engage first responders
* Need to define the dole of community health centers
* Consider workforce issues
* Need to define specific accountability and governance for entity responsible for implementing implementations
* Acknowledge disruptive forces in the marketplace
* Involvement of top, senior level leaders is crucial
* Continue to understand the point of view of families
* Must have targeted solution for children and adolescents
* Need to involve payors – foster relationships and create improved payor models
* Foster inclusive efforts with other key stakeholder groups such as law enforcement, payors and health centers

**III. TABLE TOPICS**

Task force members participated in table topic discussions which addressed the following four questions:

1. How should PCES communicate its recommendations and involve additional stakeholders?
2. What are the most critical steps to implement these recommendations?
3. What should be the future role for the PCES task force?
4. What are you personally committed to doing to ensure the PCES Task Force is successful?

The following are the verbatim results of the discussions, which were recorded on work sheets.

**TABLE TOPIC 1**

**How should PCES communicate its recommendations and involve additional stakeholders?**

**Group 1:**

1. Develop executive summary with key overview, goals, strategy, etc.

a. Central Ohio Hospital Council

b. Present involve key stakeholders and constituents

I ADAMH Board

II EMS

III Key associations groups and e.g., NAMI

IV Government/county commissioners, mayors

V Payors

VI Public Forums

c. Specific, target communication plan with providers including private hospitals and their boards/shareholders.

2. Develop educational communications materials to facilitate public/key stakeholders in

understanding behavioral/addictive issues that is diseases of the brain with behavioral manifestations; potential media attention.

**Group 2:**

* Assure this is communicated consistent with levy vote
* Use info-graphics to explain

**Group 3:**

* CEO’s
* Funders
* What are the legal issues – advocate for on our behalf.
* Plan
* First have operationalized plan (develop the proposal)
* What is the cost?
* Sensitivity to levy issues (lead how demand is greater than supply)

**Group 4:**

* Consider identification of one funded position to provide leadership, project management, implementation oversight, and outcomes measurement.
* Communicate in phases based on need for buy-in and timing in process (e.g. law enforcement early).

**TABLE TOPIC 2**

**What are the most critical steps to implement these recommendations?**

**Group 1:**

* Getting “buy-in” from key primary and secondary stakeholders
* Identify who will lead
* Identify what commitment means
* Develop “rules” for participation and (non participation)
* Prioritize the work (recommendations) and establish goals and timelines

**Group 2:**

(Note: agree with group #1)

* Step 1: Must have resounding support and commitment from initiating body who “tasked” this work. Central Ohio Hospital Council and ADAMH Board (they tasked Netcare and Maryhaven).
* Step 2: When Step 1 occurs, Central Ohio Hospital Council secures, by virtue of their community leadership expectations and political clout, engage support and commitment from critical stakeholders (e.g. ADAMH, county/city, state, leaders, payors/insurance associations)
* Step 3: Assign/Appoint team with clear accountability.
* Step 4: Project plan with priorities/declaring critical steps/milestones, etc.

**Group 3:**

* Plan for implementation must include a plan for sustainability
* Need for a formal agreement and expectations, responsibilities and understanding of leverage (funding steams) to ensure adherence

**Group 4:**

* Ditto
* The previous groups captured everything

**TABLE TOPIC 3**

**What should be the future role for the PCES task force?**

**Group 1:**

* Shared governance
* Gatekeep checks and balances (e.g., monitoring in-kind contributions)
* Does this become the new bed board developing a consistent message?
* Develop milestones
* Functional part of OHA
* What does shared governance look like (makeup not too big, not hospital centric)?
* Devil is in the details
* Needs to be sustainable
* First talk to attorneys to see if this is doable, is there a legal issue?
* Is this an organization – being part of OHA?
* Can this be a part of a levy?

**Group 2:**

To serve as a steering committee that will establish an accountable governance structure and monitor its evolution to ensure patient centered care of patients in behavioral health and addictive crises.

**Group 3:**

Continue as a steering committee to assist in prioritizing and refining the issues/problems in the current system, to communicate these in a tangible, effective manner to the community leadership (ADAMH and Central OH Council) and to assist them in establishing an accountable leadership structure to implement the plan.

**TABLE TOPIC 4**

**What are you personally committed to doing to ensure the PCES Task Force is successful?**

**John Campo**  
To continue to struggle as a clinician, an advocate, and a system leader to advance the care of the mentally ill and addicted within our system of care and in the community. To do so with a sense of hope and positive expectations.

**Phil Cass**  
To staff and support COTS Task Force on defining surge and recommending protocols for reducing lengths of stay-leave it to someone else. After I leave COTS/CMA, I would be willing to be a thought partner on any part of advancing this work.

**Paul Coleman**  
Work as part of the communications effort with governmental constituents, as well as the general public and media, especially to communicate the role addictive illness plays in crisis services.

**Lisa Courtice**  
Recommend funding

**Dallas Erdmann**  
To continue my service on behalf of this group by continued participation and by communicating to my direct superiors, colleagues and the Ohio Psychiatric Association our efforts…and to assist in any legislative efforts necessary, as well as in any other ways that may be of benefit.

**Reed Fraley**  
I will be willing to be on a group that develops message to key groups or development of centralized medicine.

**Alan Freeland**  
I will remain active in the taskforce or work groups that would benefit from TVBH representation.

**Connie Gallagher**  
Commit time and energy to ongoing work/team(s).

Commit to advocating and promoting education that facilitates a more comprehensive approach and understanding to approach behavior health just as comprehensive and rigor nature as we do physical diseases.

**Sharon Hawk-Carpenter**  
I commit:   
Time at meeting  
Attendance  
Ideas  
Communication with peers  
Vote

**Garry Hoyes**Working with various communities to explain the need for change. Provide time and reasonable resources.

**Mark Hurst**  
Personal commitment to success of project  
a. I will work with and engage state departments (MHA, Medicaid, OHT) as part of the process.  
b. Participate in group defining roles of various system parts to meet needs of whole population.  
c. Try to convey sense of optimism and “can do” attitude to approach this.  
How we do this is as important as what we do.  
d. Focus on sustainability.

**Jeff Klingler**  
Facilitate communication, understanding, and support of hospital leadership.

**Sean McKibben**Be a visible and volunteer leader to ensure we got this right for the patients in our community.

**Staci Swenson – CNHC**  
Participate in pilot study or project (volunteer CNHC)

Keep message in the room: sit on committees, etc. for behavioral health in healthcare settings.

Training, education for next generation of providers. Recruit and train.

**Beth Whitted**To ensure that Community Health Centers contribute to the goal of increasing access to   
community behavioral health services.

**No name**Explore resources for appropriate recommendations including grants and collaborations.

Committing time to continue on the task force as we begin to roll out and implementation.

Educating ADAMH providers about the outcome of the task force.

**No name**  
Commit to working for implementation of task force recommendations for a minimum of five years. Devoting attorney time and resources.

**No name**Committed to continue patient centered collaborative efforts (patient vs institution)

*(Please note, a few members of the group neglected to include their names. If you are one of those members, please contact* [*ann@gallagherinc.com*](mailto:ann@gallagherinc.com) *for attribution.)*