

**Franklin County Task Force on**

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

**FINDINGS FROM PRE-ROLLOUT**

**STAKEHOLDER MEETINGS**

October 16, 2015

During the last full PCES Task Force meeting, the group acknowledged the importance of seeking feedback on its draft recommendations from key stakeholders. In response to this decision, the PCES Task Force project leaders convened the following stakeholder group meetings:

**I. Stakeholder Meetings**

Meeting One: First Responders and Law Enforcement September 9, 2015

Lead:  Phil Cass

*Attendees:*

* Lisa Courtice, Ph.D., Executive Vice President - The Columbus Foundation
* Michael Daniels, Policy Director to Franklin County Commissioner Marilyn Brown
* James Davis, Deputy Fire Chief of Columbus
* Jim Gilbert, Chief Deputy, Patrol Bureau- Franklin County Sheriff’s Office
* Pablo Hernandez, MD, Medical Director - Netcare Access
* Dennis Jeffrey, Lt., CIT Coordinator - Columbus Police Department
* David P. Keseg, MD, FACEP, Medical Director - Columbus Division of Fire
* Jeff Klingler, President and CEO - Central Ohio Hospital Council
* Sherri Kovach, EMS Program – Nationwide Children’s Hospital
* Jack R. Kullman, Esq., Director of Guardianship - Franklin County Probate Court
* Robert V. Morris, Magistrate - Franklin County Probate Court
* Geoff Stobart, Chief Deputy, Corrections - Franklin County Sheriff’s Office
* Brian Stroh, MD – Netcare Access

Meeting Two: Other Stakeholders September 9, 2015

Lead: Jeff Klingler

*Attendees:*

* Kenton J. Beachy, MA, Executive Director - Mental Health America of Franklin County
* Elisha Cangelosi, Associate Director, Provider Services - Franklin County Children Services
* Lisa Courtice, Ph.D., Executive Vice President - The Columbus Foundation
* Emily Higgins, Director, Behavioral Health - Molina Health Care
* Terry Jones, Director, Behavioral Health - CareSource
* Afet Kilinc, Ph.D., PCC-S, Director, Behavioral Health, Medical Management – Aetna
* Jeff Klingler, President and CEO - Central Ohio Hospital Council
* Lance McCoy, MD, Medical Director, Behavioral Health - Molina Health Care
* Tracy Plouck, Director, Mental Health and Addiction Services - State of Ohio
* Tina Rutherford, Deputy Director - Franklin County Children Services
* Holly Saelens, Vice President - Molina Health Care
* Laura Moscow Sigal, Former Executive Director - Mental Health America of Franklin County

Meeting Three: ADAMH Agencies September 14, 2015

Lead: David Royer

*Attendees:*

* Paul Coleman, President - Maryhaven
* Kim Cooksey, LISW-S, Interim Clinical Director - Southeast Healthcare Services
* Lisa Courtice, Ph.D., Executive Vice President - The Columbus Foundation
* Connie Emerson, LISW-S, Executive Director - Concord Counseling Services
* Scott Grim, LISW-S, LICDC-S, Interim Clinical Director, SMD Services - Southeast, Inc.
* Shannon Holb, LISW-S, Integrated Care Coordinator - North Community Counseling Centers, Inc.
* Kythryn Carr Hurd, VP of Clinical Services - ADAMH Board of Franklin County
* Jody Hurt, Ph.D., Clinical Director - CompDrug
* Linda Jakes, Associate Director - Concord Counseling Services
* Susan Lewis Kaylor, CAO, ADAMH Board of Franklin County
* Katrina Kerns, LISW, President/CEO - North Community Counseling Centers, Inc.
* Jeff Klingler, President and CEO - Central Ohio Hospital Council
* Teresa Long, MD, MPH, Health Commissioner - Columbus Public Health
* Beth Lutz, LISW-S, Clinical Director – Adult and Family Programs - Southeast, Inc.
* Dustin Mets, CEO - CompDrug
* Trupti Patel, MD, Medical Director - CompDrug
* Anthony Penn, President/CEO - Columbus Area Integrated Health Services, Inc.
* Michele Perry, LISW-S, Director of Crisis and Assessment Services - Netcare Access
* Kathy Ritchey, Ph.D., Clinical Director - Syntero, Inc.
* Bill Silliman, Associate Director for Clinical Services - North Central Mental Health Services
* Stumpp King, President and CEO - Netcare Access and Netcare Foundation
* Delaney Smith, MD, System Chief Clinical Officer - ADAMH Board of Franklin County
* Cindy Viles, PCC-S, LSW, Clinical Supervisor - North Community Counseling, Bridge
* Carrie Wirick, Director, Community and Adult Residential Services - Netcare Access

**II. Agenda/Format**

The objectives of the stakeholder meetings included to:

* Share information about the PCES Task Force;
* Solicit feedback about draft recommendations; and
* Gain insight from key stakeholders about working together and next steps to improve the psychiatric crisis and emergency system in Franklin County.

Each group was led by a member of the PCES leadership team. After welcoming the group and self-introductions, the PCES leader shared a presentation (copy attached) outlining the community situation and information about the Task Force and its activities thus far. Then the PCES leader provided an overview of the recommendations. Please note, that the narrative draft was not distributed. Finally, attendees learned about the formation of the work groups and related next steps.

After the presentation, Annie Gallagher facilitated group discussion, which included the following questions:

* What are the key challenges you are facing related to psychiatric crisis and emergency services in Franklin County?
* What are your thoughts and opinions about the initial recommendations of the PCES Task Force?
* What additional recommendations do you have to improve the system?

At the conclusion of the meeting, attendees were asked to complete a feedback worksheet with additional input and describing if/how they would like to be involved in the future.

**III. KEY FINDINGS**

The overall response to the Task Force effort and recommendations was positive. Stakeholders acknowledged there is an urgent need to improve the psychiatric crisis and emergency system in Franklin County. Many applauded the Task Force and its funders for the work completed so far.

One of the key learnings is that there are similar community efforts underway and they need to be coordinated to increase impact. For example, Franklin County has been working on a county justice and behavioral health systems improvement project since 2013. The County worked with the Council of State Governments (CSG) Justice Center to help them assess the challenges associated with the large numbers of people with mental illness cycling in and out of jail. The County/CSG completed an analysis of the situation and is working to reduce the number of people with behavioral health disorders who are being incarcerated. The Columbus Fire and Police are working on diversion plans for those in mental health crisis. There is also a group of payers who are meeting regularly with the State of Ohio about ways to contain costs, reducing overcrowding in hospital emergency rooms, and ensure access to proper care.

The following is summary of stakeholder comments about the recommendations:

* Patient and family education are critical to the process and are not represented in the recommendations;
* Group supports and emphasize the need for 24/7 access to emergency care at the front end of the process;
* Attendees support the expanded role of community mental health centers;
* All end-users must have input to new system;
* Concept of centralized system was well-received;
* Additional CIT training should be implemented for first responders/providers;
* Stressed need for standardized process and information sharing/data must follow the patient;
* Strong support for addressing high utilizer issue as soon as possible;
* Reinforced need for ambulatory detox;
* New system must have better way to follow up/track patients; and
* Must have funding and resources to successfully implement.

In addition, stakeholders recommended that a unified effort include a ‘big picture’ global metric as well as implementation metrics to measure success. The respondents also emphasized the need to adequate, sustainable funding.

**IV. Verbatim comments from worksheets**

At the end of the meeting, participants were asked to complete a feedback worksheet. The following are the *verbatim* comments:

**1. What should be the three priority areas of focus to improve the psychiatric crisis and emergency system in Franklin County?**

* A centralized way to communicate a place all agencies/hospitals can know what is going on with clients
* Actionable strategies related to adults and youth
* Ambulatory detox
* Ambulatory detox for opiate addiction
* Analysis of need
* Better job of keeping substance induced mental illness out of psychiatric units. Stop giving them SPMI diagnosis.
* Better ways to communicate information when working with people in crisis
* Capacity at all levels of intervention including early (earlier identification and prevention)
* Continue to advocate for elimination of IMD exclusion for Medicaid payment
* Continued improvement with the housing concerns, lack of housing
* Coordinated diversion efforts, combine resources from providers for aftercare
* Coordination (meaningful coordination and patient information) between providers
* Data driven approach
* Data driven decision, measuring success
* Detox bed access
* Divert primary AOD
* Electric data sharing – including BAA’s and tax coding, including pharmacy
* Expand diversion efforts to include increased output after hour access with appropriate system supports
* Expanded CMHC clinical hours
* Expansion of hours at some of the CMHC’s
* Expansion of Netcare crisis unit
* Family supports
* Funding (is/can be Medicaid be important part of this aspect of equation) They/we need to pay a greater/closer to reality % of actual cost
* Hours (evening/weekends/holidays)
* Hub centered system orientation requiring partnership and collaboration
* I’m pleased to hear about the strides that have already been made and the emphasis placed on hearing from all spokes, stakeholders, etc. Looking at ways to address issues that are being seen in ED that do not need to be.
* IMD waiver progress
* Improved psychiatric consultation services in ER’s maybe via telepsychiatry
* Inclusive approach - all levels by stakeholders are part of the design and implementation
* Increase access to care. Are we looking at increasing hospital beds both public and private?
* Increase access to specialized crisis services – centralized hub model would be great with presence in all emergency departments
* Increase access to subacute detox and ambulatory treatment
* Increase access to supported housing for SMD
* Increase capacity for detox beds
* Increase capacity at Netcare’s CSU and Miles House to provide more options and alternatives to hospital stay and decrease hospital stay
* Increase crisis unit beds/increase detox centers
* Increase funding for crisis services
* Increase housing options (including transitional) for individuals with primary AOD detox, currently options are
* Increase housing/transitional housing resources
* Increase in hours for providers to direct or support systems already in place
* Increase number of public psych beds
* Increase outpatient services; limited resources for counseling, case management because these folks also end up in ED. Need increased resources to pay for services at the provider level.
* Information sharing on high utilizers and collaborative care planning
* Information/data sharing (removing/addressing barriers)
* Informed consent
* Integrate primary health addictions and mental health into the same crisis center
* Make sure clients and family members are intimately involved in the process
* Mobile crisis teams implemented with clinical and peers
* Mobile crisis units
* More acute detox beds designed for SMD which many of the AOD done and quality
* More beds
* More open communication/records shared with Shared Crisis Alerts, Emergency Departments, Netcare, and Community Mental Health
* More public beds
* Patient centered approach to make sure the patient can access needed services at all levels
* Policy change of IMD exclusion
* Provide improved funding for wrap around services for community mental health services
* Provide more subacute care for detox form alcohol, drugs
* Provider access
* Referral pathways between hospitals/CSU and AOD providers (Maryhaven, CompDrug)
* Remember the crisis that also exists in the child arena with access to beds
* System assessment of correct invoice and identified service gap
* System of care framework
* Uniform consent
* Urgent care (potentially mobile)
* Utilize data to drive decisions
* Valuing and incorporating non clinical support services to keep acuity low
* Workforce development
* Workforce development to take care of the mental health needs of staff providing services

**2. Please share any thoughts/feedback about PCES Task Force’s initial recommendations to improve the system.**

* 24/7 access
* 24/7 access for law enforcement
* 24/7 option to treatment to decompress emergency departments
* Access – must have 24/7
* Appears to be considerable inclusivity
* Better security/control of those at Netcare, i.e., takes them there and then they are free to walk out
* Common goal, inclusive system, community, EMS, hospital all work together
* Communication
* Community education is critical
* Consistency
* Consistent referral location for all users
* Database to identify high utilities
* Decrease number of clients in jail
* Definitely on the right track with all the right stakeholders involved
* Definition of success
* Develop individualized care plans for high utilizers
* Devil is in the details
* Education for providers
* Everyone being on same page
* Excellent collaboration
* Excellent opportunity to come together and avoid working in silos
* Excellent recommendations! Very comprehensive. Target critical areas. Consider developing a program evolution piece.
* Financing
* Fine. How does this relate to improved PCMH initiatives to SIM/state innovation project – assume it is, but…
* Funding for intervention service for high utilizers
* Funding/facilities for access
* Glad PCES is including all aspects of the system of care
* Glad to see a focus on this
* Good beginning
* Good high level goals – The struggle begins with the discussion of how to operationalize
* Good start
* Good start – client fear about funding
* Have all agencies playing off the same playbook
* Have better data between collaborating agencies
* High level goals are on target
* I appreciate the draft recommendations and the direction the task force is going
* I like the idea about possibly using agency portal
* I think the work presented is a great start to a very complicated issue. I look forward to assisting with this process.
* Include output commitment as another option
* It is a great direction to head in, including all the pieces will make it more effective
* Jail division
* Keep working together - communication and partnership is most critical to solve the issues
* Marry this task force’s recommendations with Council of State Government’s (CSG) study
* Need to develop program evaluation model
* Need to include CMHC staff and resources
* Need to make decisions
* Provision of beds
* Recommend further exploration on how the community providers can offer more intensive programming for individuals with primary AOD
* Should go over the flow charts, explain in more detail
* Solve the insurance problems to make more beds accessible
* Standardization for throughput
* Standardization
* Thank you for including the corporate plans. Each MCP hires a significant number of clinical and we want to make sure we tie the MCP resources with the community resources.
* These are all good recommendations and provide a sound game plan
* Very good recommendations. There’s a lot to get done. Keep up the great work!
* Very pleased. As a provider who provides crisis services at DMH ED, this is much needed. Patients are being held in emergency departments for days at a time. Waiting for beds who truly need input services.
* Well thought out
* Well-organized presentation
* Wise use of data
* Working to stem/prevent/limit the onset of a crisis event which our board’s social workers will be concentrating upon

**3. Please describe how you would like to be included in the future work of the Task Force.**

**Group 1**

Michael Daniels
Will brief Ann on CSG project and provide insight on two years of work addressing interaction of mental health and courts/in-consideration

James Davis
Whatever is needed

Jim Gilbert
I can assist with law enforcement input and I’m offering to assist

Dennis Jeffrey
I would be happy to serve in any capacity needed

David Keseg
I will be available to serve in whatever capacity is determined to be best

Sherri Kovach
Continue to work on COTS Task Force
I would like to know when meetings are scheduled for Centralized System Design

Jack Kullman
I would think the guardianship board with “last resort” clients would be classed with high utilizers and would welcome inclusion in this subgroup

Bob Morris
Whereever you feel court would fit in

Geoff Stobart
The sheriff’s office is committed to this issue. We are happy to participate

**Group 2**

Kenton Beachy
Provide perspective and planning on incorporating non-clinical services in continuum of care
Assessing and attaining workforce mental health

Emily Higgins
Include innovative CMHC/Crisis providers to talk about emergency departments diversion

Terry Jones
Be a member of task force. I can be of assistance in any way

Afet Kilinc
Yes, I like to request to be included in the future meetings of the task force

Laura Sigal
I would love to lend my expertise in any way possible. Please let me know how I can help move this work forward.

Mike Mesewicz
Email distribution
Occasional touch base with all CMHC

Tracy Plouck
Let Ohio know what would be most helpful for the team. We look forward to this initiative.

Tina Rutherford
Stakeholder meetings/information sessions

Holly Saelens
I like to be included going forward

**Group 3**

Kim Cooksey
I can give input on community mental health center perspectives

Connie Emerson
I would like to be included in the provider task force and to receive updated information as things evolve

Scott Grim
Similar to the meeting today

Shannon Holb
Please include me in future meetings and interactions

Linda Jakes
I would be willing to be a part of a sub committee

Beth Lutz
I’d be interested in participating in work groups focused on changing roles of the CMHS finding new ways to better serve the changing population of AOD primary, MH secondary, and non-SMD

Dustin Mets
Serve on work group
Informational stakeholder

Teresa Long
It would be great to either name connection or if not, let’s commit to linking. Also, can we link this to community health improvement planning? And can we get OHT connect this important work to population health planning funding? Finally, how does this address the epidemic of opiates? I believe this sets an important high level framework for what is needed/can be worked up /can be achieved. So I remain struck by disconnect between behavioral/mental health and physical health. The only place (maybe) where this comes together is at hospital.

Anthony Penn
This is good work and has great potential. Columbus area is in a similar planning as a result of the current state of our agency we have done a lot of work in this area and it would be good to be part of a pilot.

Michele Perry

I am happy to attend any meetings or be helpful in any way

Kathy Ritchey
I would be happy to be involved in any way that would be most useful as a provider (Syntero) but also from perspective of ED work at DMH

Carrie Wirick
Continue to be involved, enjoy team meetings