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Mental health: Task force identifies ways to improve access to care

By [Ben Sutherly](#) *The Columbus Dispatch* • February 24, 2016

Twice as many people are seeking psychiatric care each month in Franklin County emergency departments compared to six years ago, swamping the system, and community leaders today introduced a framework for addressing the crisis.

Sixteen months into its work on the problem, a task force has identified three goals in a report:

- increase access to patient-centered mental health and addiction-related crisis services, including through the expansion of services that don't involve an inpatient hospital stay;
- decrease utilization of emergency departments and inpatient services, and reduce the length of stay for psychiatric patients in emergency departments;
- ensure equitable care for patients, regardless of who is paying for their care. In November, for example, the average wait for inpatient psychiatric services was 26 hours for Medicaid patients in Franklin County, twice as long as the wait for patients with private insurance.

The problem is national in scope, and in central Ohio, it's not just limited to hospitals, said Lisa Courtice, executive vice president of the Columbus Foundation, which is working with the Franklin County Alcohol, Drug and Mental Health Board to fund the task force's work.

"The courts are overwhelmed by this, emergency medical services are overwhelmed by this, community health centers are overwhelmed, jails are overwhelmed," Courtice told *The Dispatch* editorial board. "It is pervasive throughout our community."

Local emergency departments communicate well with one another, but the collaboration is limited, said Jeff Klingler, president and CEO of the Central Ohio Hospital Council. "It's time to expand that collaboration" to include community health centers and other community partners, he said.

Work is under way to standardize the scoring used by multiple hospitals to determine how sick patients are, and to share patients' existing treatment plans so that physicians don't have to reinvent the wheel when a patient is hospitalized, he said.

Health-care personnel also want to reduce the need for psychiatric hospital stays, in part by growing other kinds of care in the form of expanded services at community mental health

centers, detox beds, tele-psychiatry, and mobile-crisis and crisis-action teams.

What the report doesn't call for is more inpatient psychiatric beds, which often aren't profitable for hospitals. Central Ohio's nonprofit hospitals, for example, have some of the largest operating surpluses in the state, but in recent years they have shouldered a smaller proportion of the local inpatient psychiatric caseload than their peers in other parts of the state.

In fact, Mount Carmel Health System has said that when it closes its hospital in Franklinton in late 2018, it won't move the 18-bed behavioral-health unit to a new inpatient hospital in Grove City.

A spokesman reiterated yesterday that Mount Carmel is committed to meeting the local need for inpatient behavioral health care in some way — it is participating in the task force — but does not yet have any details to share.

Klingler said that a change in federal law anticipated this spring eventually could open more beds at for-profit psychiatric hospitals to Medicaid patients, potentially reducing the disparity in the care they receive. Focusing on those who use the system a lot also could help ensure that existing beds in the community are put to better use.

He noted that hospitals, in general, aren't adding many inpatient beds these days in many areas of care.

Ohio must better reimburse hospitals for the psychiatric care provided to Medicaid enrollees, said David Royer, chief executive of ADAMH.

"We can't undervalue people with psychiatric illness literally from a financial reimbursement perspective," Royer said. "I hope that over the next couple years, we'll begin to see better parity. We live in a market-driven economy, and psychiatry's no different."

Officials also plan to develop a communications outreach plan so that families and the public are better educated about the resources that are available in an emergency and at other times.

The psychiatric care crisis facing central Ohio isn't the result of a single trend, but rather a cumulative reflection of a growing population that's growing poorer, greater utilization of behavioral health care, and growing problems with addiction, including opioid dependence.

Likewise, the solutions are multifaceted but not out of reach, Royer said.

"Once we really start to value this illness like every other illness, that's really when you move the needle," he said. "As long as we undervalue people with mental illness, it's a much more difficult climb."

The report can be viewed online at pcestaskforce.org.

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