



# Franklin County Task Force on the Psychiatric and Emergency System (PCES)

## Task Force Interviews Key Findings



November 3, 2014

# Methodology

- Conducted personal telephone interviews with members of Task Force
- 27 interviews completed
- Duration ranged 20-45 minutes
- Interview guide approved by project leaders
- Field work: October 8 – 27, 2014

# Reason for participation

- Desire to improve care for individuals with mental illness
- To lend expertise and be part of a solution
- Strong belief that solution requires collaborative action
  - Bed board example
  - Complexity requires all parties to be at the table
- Help advance mission/goals of my organization
- To ensure behavioral health receives the attention it deserves
- Was asked to participate by funding partner(s)

# Reason for participation

- To advocate for those with mental illness and their families
- Not satisfied with current laws related to patients with mental illness
- Desire to learn and gain understanding from colleagues about the issue

# Expectations

- Ensure region has comprehensive system of care for individuals who present in crisis for mental health or addiction issues
- Develop clinical solutions for early intervention and better integration of care
- Develop long term solution to improve system
- Policy recommendations and changes
- Better understanding of the entire system
- Take real action

# Expectations

- Reduce ER use for psychiatric crisis
- Scale solution to meet growing need
- Hopeful that group remains together beyond this effort

# Models & best practices for consideration

- Crisis mobile teams
- Early intervention
- Telemedicine/tele psychiatry
- OSU's CALM program – Crisis, Assessment & Linkage Management
- Integrative health models
- American Psychiatric Association
- University of Pittsburgh Medical Center
- Communities
  - University of Cincinnati/Hamilton County
  - Franklin County
  - Minneapolis
  - Madison

# Most critical psychiatric & emergency issues

- Medicaid expansion
- Drug and alcohol addiction
- Lack of adequate housing and after care services
- Lack of beds available
- Shortage of psychiatrists
- Lack of care coordination
- Stigma related to mental illness
- Growing population in region
- Lack of programs for youth/teens
- Health care delivery system is highly fractured
- Lack of providers who accept Medicaid
- System places too much burden on Netcare

# Success factors for task force effort

- Must be patient-centered
- Uniform knowledge base and shared understanding of the issue and the data
- Reliance on data and evidence-based practices
- Open minds/forward-thinking
  - Be willing to explore alternative models, change the existing system, or build a new one
- Trust/View each other as collaborators not competitors
- Address major contributing issues (e.g., addiction, housing, Medicaid expansion, staffing shortages)
- Must look at a long-term plan

# Success factors for task force effort

- Be respectful of all expertise on the task force
- Find areas of consensus
- Right people at the table who can make things happen
- Shared community solution and responsibility
  - All must be willing to “give a little” to solve problem
  - For-profits and nonprofits must be part of the solution
- Define requirements of a comprehensive system of care
- View emergency psychiatry as a specialty
- Consider subcommittee of clinicians to work on treatment recommendations

# Potential barriers to success

- Funding pressures
- Organizational pressures
- Resistance to change
- Rapid changes in policy arena
  - Reimbursement issues
- May need to reach out and include others to implement the recommendations

# Desired agenda topics

- Understand the origin for the task force
  - Why are funders investing in this initiative? Why now?
- Learning about other task force members and organizations
  - What is available now? What are you doing?
- Define expectations and desired outcomes
  - Charter and purpose statement
  - Goals and objectives
- Ground rules/rules of engagement
- Define specific needs

# Desired agenda topics

- Clarification about how the system works now
- Define scope of problem and review existing data
  - Trends
  - Community needs/gaps
  - Resources currently available
  - Scope: youth and adults?
- Define ideal system of care for individual in crisis
- Historical perspective/Bed board history
- Identify best practices & evidence based models
- Medicaid expansion & reimbursement topics

# Summary observations

- Majority have sincere desire to collaborate and learn from other participants
- Group members have varied levels of understanding of the issue, how the current system works, and what resources are currently available
- There is group consensus that this initiative is needed
- All acknowledge that funding and reimbursement issues must be addressed
- Strong majority stress that any recommendations must be data-driven and evidence-based

# Summary observations

- Respondents have a healthy combination of optimism and realism
- Several mentioned the Bed Board effort as an example of how collaboration can affect real, positive change
- Task force members most often cited funding and policy as the drivers impacting the implementation of any recommendations the group may develop



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