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**MEETING NOTES**  
**Franklin County Mental Health Crisis Center**  
**Steering Committee**

August 22, 2019 3:00 PM – 5:00 PM  
Netcare Access

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**Attendees:**

*Beth Armstrong, OhioHealth, Kenton Beachy, Mental Health America, Lisa Bishop, North Community Counseling, Sergeant P. Scott Blacker, Franklin County Sheriff's Office, Chris Carson, CSNX, Michael Daniels, Franklin County, Andy Dorr, Ohio State University Wexner Medical Center, Annie Gallagher, Gallagher Consulting Group, Kythryn Carr Harris, ADAMH Board of Franklin County, Chief Jeffrey Happ, Columbus Fire Department, Pablo Hernandez, MD, Netcare, Inc., Mark Hunter Franklin County Facilities Management, Lt. Dennis Jeffrey, Columbus Police Department, Jeff Klingler, Central Ohio Hospital Council, Jason Koma, Mount Carmel, Elizabeth Krall, MD, Mount Carmel, Sgt. Jennifer Mancini, Columbus Police Department, Rachelle Martin, NAMI, Joe Niedziniedski, North Community Counseling, Adam Rowan, Maryhaven, David Royer, ADAMH Board of Franklin County, Bob Shook, Franklin County, Major James K. Simmons, Franklin County Sheriff's Office, Delaney Smith, MD, ADAMH Board of Franklin County, Brian Stroh, MD, Netcare, King Stumpp, Netcare, Jonathan Thomas, ADAMH Board of Franklin County, Toya Williams, Franklin County Board of Commissioners*

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**I. Welcome**

David Royer, Co-chair, CEO, ADAMH Board of Franklin County and Jeff Klingler, Co-chair, CEO, Central Ohio Hospital Council kicked off the meeting and thanked Steering Committee members for their attendance and commitment to the effort.

They turned the meeting over to Annie Gallagher, facilitator. Gallagher reviewed meeting objectives, i.e.

- Review planning assumptions document
- Updates from active workgroups: (Regulatory and Legislation; Data; Medical and Pharmacy Services; Building Design)

Gallagher explained that the group will be reviewing an important document that includes Planning Assumptions developed thus far. She said that the document is designed to provide clarity about key items to help the workgroups and the Steering Committee with the planning. She emphasized that it is a fluid document that will likely change as the initiative progresses. Royer and Klingler reinforced the dynamic nature of the assumptions.

**II. Status Overview: Timing and other Key Developments**

A. Planning Assumptions

Jonathan Thomas, Project Lead, VP Planning and Evaluation, ADAMH shared the Planning Assumptions document with the group and asked for feedback and changes. The full document can

be found on the task force website. The following are comments shared about during the review process by topic area:

- Target population:
  - ✓ One member said that while the target population includes persons with co-occurring substance use disorders, i.e., not SUD only, the group should realistically understand that people with SUD only will present to the Center during a crisis. There was agreement that this population would receive crisis care and then be linked with a SUD treatment provider.
  
- Estimated volume:
  - ✓ It was suggested to reframe “diversion” into more positive language
  
- Service levels:
  - ✓ Include space for kennel / pets
  - ✓ Accommodations for telemedicine
  - ✓ Include space for education

The review of the assumptions sparked important conversation about the broader agreements and responsibilities of all crisis providers and the new center. After considerable debate, the SC agreed that there must be a clear, documented agreement among all about the rules and responsibilities, i.e., a “*Magna Carta*.” Royer and Klingler said they would add this critical item to the Governance Workgroup charge.

There was also conversation about the relationships with payers related to the Center. Royer explained that they continue to work on these issues and that they are also being address in the Financial Sustainability Workgroup.

Thomas then provided an outline of the workgroup schedule. The SC agreed that the Governance and Staffing workgroups should be moved up to launch in November.

Thomas said he would update the assumptions document based on the feedback of the group. *Note: An updated assumptions document with workgroup scheduled dated 08.27.19 can be found on the SC website.*

Klingler acknowledged Thomas’ great work on developing the assumptions.

### **III. Workgroup Updates**

Gallagher advanced the agenda to the workgroup updates. She thanked the workgroup leaders for providing written updates and noted that the monthly reports will be published on the SC website. Gallagher encouraged the workgroup leaders to ask the full SC and/or other workgroups for any help or assistance needed.

#### A. Update from Regulatory and Legislation Workgroup

*Workgroup Leaders: Jason Koma, Director of External Affairs, Mount Carmel Health System*

*Jeff Klingler, CEO, Central Ohio Hospital Council*  
*David Royer, CEO ADAMH*

- After resolving earlier concerns about EMS transport issues, the Regulatory and Legislation workgroup has met less frequently.
- Medicare reimbursement for transport is unresolved, but that will likely impact a small number of cases
- The workgroup is waiting for other groups to make progress so have additional insight about licensure/zoning considerations that impact the building design.
- Two issues have been raised to date by the workgroup: locked units and restraints and seclusion. In a follow-up meeting with OHMAS, the department has concerns with the front door being locked but saw no issues with a locked unit further in the facility.
- It will be necessary for the workgroup and the SC to engage an external consultant to help with future licensure and operator-related regulations. Klingler will contact his colleagues at the Ohio Hospital Association and others to identify potential firms. Others are welcome to submit recommendations.

#### B. Update from Data Workgroup

*Workgroup leaders: Rachit Thariani, Chief Planning Officer, OSU Wexner Medical Center*  
*Jonathan Thomas Project Lead, VP Planning and Evaluation, ADAMH*

- Initial volume analysis completed
- The workgroup is providing data to Medical/Pharmacy and Building Design to support the initial construction cost estimate with a revised target date of September 26<sup>th</sup>.
- The group will complete supplemental data analyses, e.g., payer mix, zip code, etc.
- Approved assumptions will help drive future work.
- Thomas and Royer said they have found a based calculator tool developed by an independent group that has provided external validation on costs and volume projections thus far.
- Main needs of the workgroup are details regarding the types of service units and shared definitions across all data sources/suppliers

#### C. Update Medical and Pharmacy Services Workgroup

*Workgroup Leaders: Amanda Lucas, Executive Director, OSU Neurological Institute & Harding Hospital; Delaney Smith, MD, Chief Medical Officer, ADAMH*

- Workgroup has had several meetings
- Waiting on final volume numbers from the Data Workgroup
- Team has agreed on Urgent Care Model within FCMHCC to serve all patients for medical clearance and to treat Urgent Care Level medical problems (high BP, increased sugar, etc.). Staffing should be a FM or IM attending, plus an APP, to insure the highest and most efficient quality of care.
- The group is discussing lab services, i.e., send out or in-house?
- Team is developing a list of anticipated equipment needed with estimates.

- Head of Pharmacy at OSU is providing expertise and assistance to the workgroup. He will be visiting Netcare.
- Team is considering the nature of the in-patient beds and factoring in the financial /reimbursement realities

#### D. Update from Building Design Workgroup

*Workgroup Leaders: Mike MacKay, Director of Design and Construction, OhioHealth  
David Royer, Co-chair, CEO, ADAMH Board of Franklin County*

- Workgroup had initial meeting to review charter and plan strategies to achieve goals
- Two phases of work: 1. Square footage and cost estimates 2. Flush out details
- Center should be built with expandability – looking at the long-term
- Ensure that this is a facility that people want to go to
- Team is considering issues such as; utility, quality level, size, identifying programs and activities are happening in the facility
- Information needed: clarity on the assumptions/guiding principles documents, population estimates from Data/Technology, and service unit from Medical/Pharmacy.
- Plan to have initial construction cost estimate by September 26<sup>th</sup>

There was some discussion about the need for call center space at the facility. It was determined that only crisis lines for the facility would be housed at the center. A suggestion was made about the possibility of optimizing call center staffing by locating security screens in the area so that they can also monitor, e.g., CHOICES.

#### **VII. Wrap Up Adjourn**

Gallagher noted that there will be several key deliverables from the workgroups to discuss at the September Steering Committee meeting.

Klingler reminded the group that they need to share the cost estimate with the Columbus Partnership in October. He said he thinks the group should go high on its estimate to truly get the funding necessary to meet the needs of the community. Royer agreed that there is a sense of urgency to get estimates in line to pursue state capital dollars. Both thanked participants.

Gallagher thanked Netcare for hosting and adjourned the meeting.

Next Steering Committee meeting:

Thursday, September 26, 2019 3:00 pm – 5:00 pm  
Location: Ohio State University Wexner Medical Center  
The James Cancer Hospital  
460 West 10th Avenue, Columbus, OH  
(B050 Conference Room)