



MEETING NOTES

Franklin County Mental Health Crisis Center Steering Committee

September 26, 2019 3:00 PM – 5:00 PM
Ohio State University Medical Center: The James Cancer Hospital

Attendees:

Kenton Beachy, Mental Health America of Franklin County
Lisa Bishop, North Central Community Counseling
Sgt. Scott Blacker, Franklin County Sheriff's Office
Chris Carson, MD, CSNX
Kevin Dixon, Ph.D., ADAMH
Annie Gallagher, Gallagher Consulting Group
Kythryn Carr Harris, ADAMH
Pablo Hernandez, MD, Netcare, Inc.
Mark Hunter Franklin County Facilities Management
Lt. Dennis Jeffrey, Columbus Police Department
Katrina Kerns, North Community Counseling
Jeff Klingler, Central Ohio Hospital Council
Gary Krafthefer, The PEER Center
Michael Krouse, OhioHealth

Amanda Lucas, OSUWMC
Mike MacKay, OhioHealth
Rachelle Martin, NAMI Franklin County
Joe Niedzwiedski, North Central Community Counseling
Mark Lambert, ADAMH Board of Franklin County
Lt. Matt Parrish, Columbus Fire Department
David Royer, ADAMH Board of Franklin County
Bob Shook, Franklin County
Major James K. Simmons, Franklin County Sheriff's Office
Delaney Smith, MD, ADAMH
Brian Stroh, MD, Netcare
King Stumpp, Netcare
Jonathan Thomas, ADAMH

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 the Steering Committee members for their attendance and commitment to the effort.

Royer reminded the group that he will be retiring at the end of October. He introduced Kevin Dixon, Ph.D., Vice President of Community and Cultural Engagement, ADAMH. Dixon will be David's replacement as co-chair of the Steering Committee.

They turned the meeting over to Annie Gallagher, facilitator. Gallagher and the entire committee acknowledged Royer for his leadership for this effort and all he has done for the community throughout his career.

Gallagher reviewed meeting objectives, i.e.

- Updates from active workgroups: (Regulatory and Legislation; Data; Medical and Pharmacy Services; Building Design)
- Discuss upcoming funding request(s)

II. Status Overview: Timing and Key Developments

Jonathan Thomas, Project Lead, VP Planning and Evaluation, ADAMH announced that the following workgroups will launch in October:

- Governance and Funding – Co-chairs: Kevin Dixon and Jeff Klingler
- System of Care – Co-chairs: Katrina Kerns, North Community Counseling and Kythryn Carr Harris, ADAMH

The Community/Access Workgroup is expected to launch in December, 2019. The co-chairs are Kenton Beachy, Mental Health America of Franklin County and Lt. Matt Parrish, Columbus Fire Department. Finally, the Staff Workgroup will launch in January, 2020. The co-chairs are Kythryn Carr Harris, ADAMH and King Stumpp, Net care.

III. Workgroup Updates

Gallagher advanced the agenda to the workgroup updates. She thanked the workgroup leaders for providing updates and noted that the monthly reports are 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 Data/Technology Workgroup

*Workgroup leaders: Andy Dorr, Strategy and Business Development, OSU Wexner Medical Center
Jonathan Thomas Project Lead, VP Planning and Evaluation, ADAMH*

Thomas shared the workgroup update via PowerPoint presentation (copy on website). Highlights included:

- Key Assumptions:
 - ü Current demand = approx. 29,700 encounters annually
 - ü Demand will grow 23% from year 1 to year 10
 - ü 20% of demand will require advanced medical care services
 - ü The walk-in clinic will have 1 encounter for every 3 23-hour observation unit encounters
 - ü From year 1 to year 10... (all %s / #s are approx.)
 - § 90-100% of Netcare's current volume will be served by new FCMHCC
 - § 55-65% of EMS transports will be served by new FCMHCC
 - § 80-90% of Police transports will be served by new FCMHCC
 - § 75-110 probate consumers per month will be served by the new FCMHCC
 - § NOTE: 60 to 70% of what are currently hospital ED encounters will be served by the new FCMHCC from year 1 to year 10 respectively
- Projected Volume: Year 1
 - ü 23-hour observation unit = approx. 19,500 encounters
 - § Requiring inpatient care services (35% MH) = 4,400
 - § Requiring substance use disorder detox services (50% SUD) = 3,400
 - § Requiring FCMHCC medical care services (10%) = 1,950
 - § Requiring medical clearance before transporting to other facilities = 975
 - § Requiring advanced medical care services (5%) = 975
 - ü Walk-in clinic (1:3) = 6,500 additional encounters
- Projected Volume: Year 10
 - ü 23-hour observation unit = approx. 28,000 encounters
 - § Requiring inpatient care services (35% MH) = 6,300

- § Requiring substance use disorder detox services (50% SUD) = 4,900
 - § Requiring FCMHCC medical care services (10%) = 2,800
 - § Requiring medical clearance before transporting to other facilities = 1,400
 - § Requiring advanced medical care services (5%) = 1,400
- ü Walk-in clinic (1:3) = 9,333 additional encounters
- Risk management considerations
 - ü First responder transport protocols, triage, assessment, rates, etc.
 - ü Substance use disorder detoxification ~ transport protocols
 - ü Inpatient care ~ discharge/admission, bed board, transport protocols
 - ü Hospital ED volume assumptions, specifically regarding walk-ins
 - ü Discharge planning and linkage to community-based providers as a function of the walk-in clinic volume assumption
- Next steps
 - ü Support addressing risk management issues
 - ü Continue to refine estimates/forecasts
 - ü Complete additional analyses (e.g., demographics)
 - ü Respond to other Steering Committee and FCMHCC workgroup requests

Discussion

Participants expressed support and consensus for the methodology and projections. Chris Carson, CNSX cautioned about the perils of the numbers getting too large and suggested considering multiple sites in the long-term (20-year) future.

B. 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*

MacKay shared the workgroup update via PowerPoint presentation (copy on website). Highlights included:

- Key Assumptions:
 - ü Approx. 28,000 23-hour observation unit encounters in year 10
 - ü 16 bed >23-hour (~inpatient) unit
 - ü 6 hour LOS (2 hours for medical clearances before transporting to other facilities)
 - ü 9,333 additional walk-in clinic encounters in year 10
 - ü 85% occupancy throughout to allow for flexibility and to accommodate surges
- Projected Total Square Footage and Cost
 - ü Core service units and all other defined areas also have a building grossing factor applied (+25%)
 - § Low estimate = approx. 72,000 square feet total
 - § High estimate = approx. 87,500 square feet total
- Calculation
 - ü \$475 per square foot for construction, plus
 - ü 25% for AE, CMR, and contingency, plus
 - ü \$35 per square foot for equipment, plus
 - ü \$25 per square foot for furniture, and
 - ü \$40 per square foot for IT...

- Risk management considerations
 - ü Total construction cost
 - ü Regulatory requirements for physical plant not yet determined
 - ü Land (size [approx. 6-8 acres] and location)
 - ü Operating costs, revenue (general need for a pro forma budget)
 - ü Project timeline
- Next steps
 - ü Support addressing risk management issues
 - ü Continue to refine estimates/forecasts
 - ü Complete more detailed planning (e.g., adjacencies, level 1 vs. 2, etc.) / may need engage an architecture/consultant
 - ü Respond to other Steering Committee and FCMHCC workgroup requests

Discussion

Mike explained that the workgroup has experts analyzing and translating the information shared from the Data workgroup and the overall Steering Committee into the proper space allocation. He said that they will continue to work with other teams to clarify the core service units needed. MacKay invited the group to react to the projected square footage. SC members were supportive deferential to the expertise of the workgroup.

The workgroup believes that the projected cost for the center at this stage is \$50-61 million. They also said that the current site on Harmon Avenue owned by ADAMH would not accommodate the center based on current projections. Kathryn Carr-Harris informed the group that the ADAMH has other potential uses for the Harmon Avenue property.

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

Amanda Lucas shared the following report:

- Medical services
 - Team has agreed on Urgent Care Model within FCMHCC to serve all patients for medical clearance and to treat Urgent Care Level medical problems with care within units in addition to Quick-Look Triage
 - The group still needs more accuracy re: numbers of medical patients the center will treat as part of model medical clearance
- Medical clearance
 - Using the SMART Tool, FCMHCC will adopt standards of what each patient needs/will receive with regards to medical clearance.
 - Need for ADAMH and Payers to set expectation about a minimally acceptable clearance from the center
- Pharmacy services
 - Workgroup continues to plan for comprehensive and efficient pharmacy model
 - Head of Pharmacy at OSU is providing expertise and assistance to the workgroup. They are visiting Netcare on September 19, 2019.
- Workgroup continues to need data on volume and patient walk-in projections
- Workgroup has focused on areas of throughput and reached the following decisions.

- Access/Entry – Need for 3 access points as follows 1) Public Entry/Walk-In 2) Police/EMS/Probates (1800-2000/yr). This area should have sally port doors with an ability to triage patients to either high acuity area or medical needs. and 3) Secure staff entry and loading dock (1 access for dock).
- Walk-In/ Bridge Clinic – (main entrance for those who present in immediate crisis or for a care need w/o crisis). Need to clarify rules of use so providers don't use clinic as default instead of discharge planning. Plan would be to cover those who present without a linked provider for a period up to 45 days. Would be helpful to have the payers reinforce linking needed upon discharge to avoid any system misuse.
- Intake/Assessment – Data needed to determine # of patients requiring restraint, probate cases and those requiring medical care.
- Secure <23 hours beds – Group would like a combo of private rooms (maybe half wall bays) and recliners. Perhaps a model with some ability to segregate high acuity patients and a way to flex (up or down) based on volume.
- Secure > 23 hours beds- Build to IP standards per OMHAS guidelines and FGI for ligature resistant.

IV. Preparation for funding request discussions with Columbus Partnership

Jeff Klingler reminded the group that they will be meeting with the Columbus Partnership in October about submitting a funding request for the state budget. Gallagher asked the group to share their thoughts on the best approach to the request. Most agreed that the ask should be strong and based on the sound projections developed by the group. After some discussion, it was decided that the SC leaders would informally vet the approach with key supporters. The Governance and Funding Workgroup will launch in October and will take the lead on these activities.

V. Communications

All agreed that the once the funding request(s) are made, the SC and others will need to engage in active communications and lobbying efforts. In that spirit, Gallagher shared a draft of a communications overview piece about the crisis center that can be used with external audiences. She invited the SC to share edits and feedback by October 4, 2019.

Gallagher explained that the SC will have a meeting with PCES Task Force (Psychiatric Crisis Emergency System) on October 11, 2019 from 2-4 pm at The Columbus Foundation to update them on the work of the FCMHCC. She reminded attendees that one of the recommendations that came from the PCES was the creation of a crisis center. Many FCMHCC SC members also serve on the PCES. She encouraged all to attend to help support the effort.

VII. Wrap Up Adjourn

Royer and Klingler thanked participants. Dixon also thanked attendees and said he looks forward to being part of the effort to advance the cause.

Gallagher thanked Amanda Lucas and OSUWMC for hosting and adjourned the meeting.

Next Steering Committee meeting:

Thursday, October 24, 2019 3:00 pm – 5:00 pm

Location: Netcare Access

199 S. Central Avenue, Columbus, OH 43223 (Door #2)