

Data and Technology Workgroup Update

September 26, 2019

Agenda

- Objective
- Method and data sources
- Key assumptions
- Projected volume (year 1)
- Projected volume (year 10)
- Projected volume (graph)
- Risk management
- Next steps

Objectives

- Estimate current demand for the new FCMHCC
 - Where is this demand currently presenting?
 - How will this demand arrive?
- Estimate future demand for the new FCMHCC
 - Where will this demand come from?
 - What will the service needs be for these encounters?

Method and data sources

- Collect data from key stakeholders representing current consumer access points
 - Netcare
 - Columbus Fire
 - Columbus Police
 - Franklin County Sheriff
 - Office of Justice Policy & Programs
 - Maryhaven
 - Mount Carmel
 - OhioHealth
 - OSU Wexner
 - Connections Health Solutions

Key assumptions

- Current demand = approx. 29,700 encounters annually
- Demand will grow 23% from year 1 to year 10
- 20% of demand will require advanced medical care services
- The walk-in clinic will have 1 encounter for every 3 23-hour observation unit encounters
- 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)

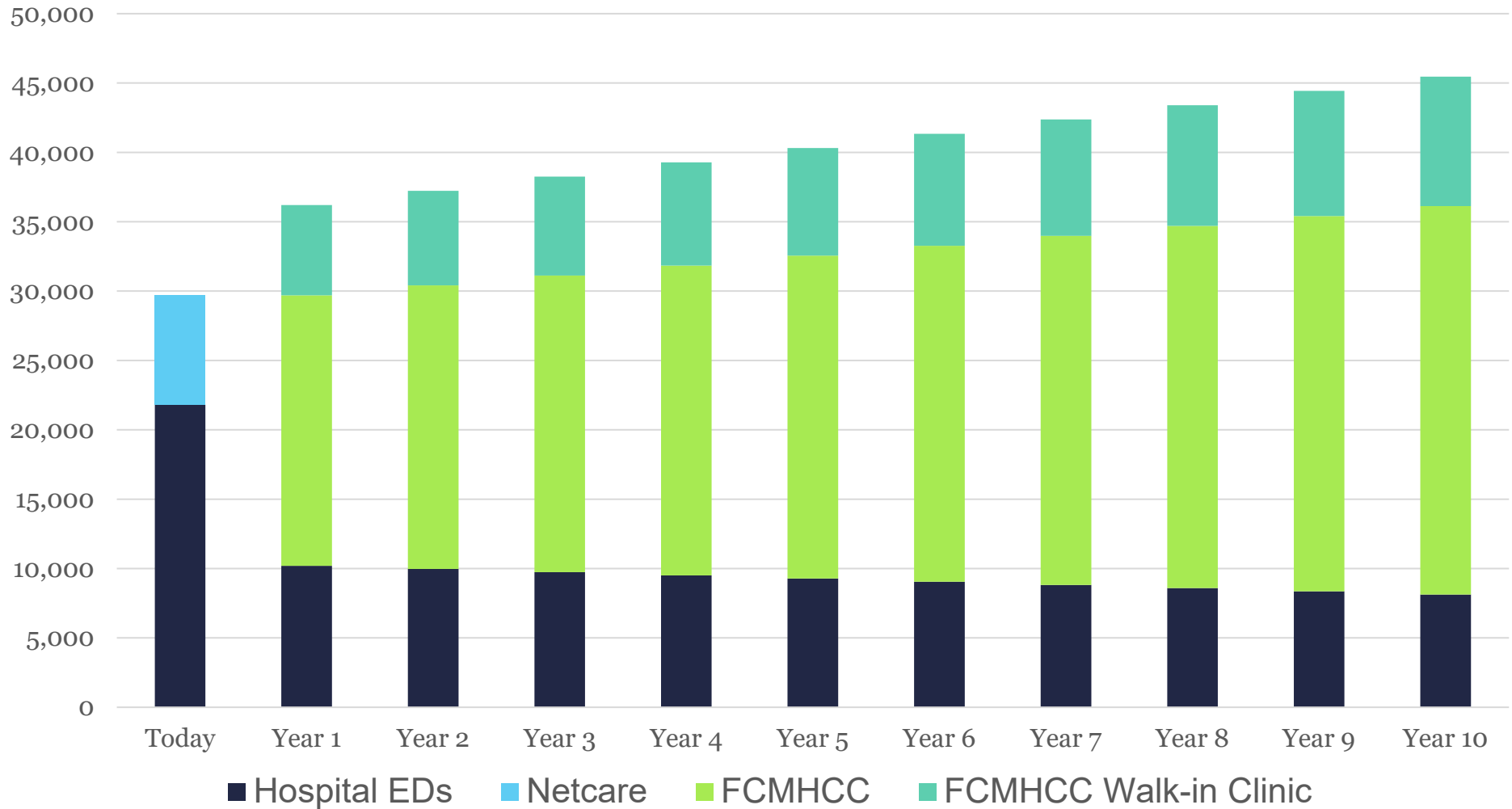
- 23-hour observation unit = approx. 19,500 encounters
 - Requiring inpatient care services (35% MH) = 4,400
 - NOTE: may require transport
 - Requiring substance use disorder detox services (50% SUD) = 3,400
 - NOTE: may require transport
 - Requiring FCMHCC medical care services (10%) = 1,950
 - Requiring medical clearance before transporting to other facilities = 975
 - Requiring advanced medical care services (5%) = 975
 - NOTE: requires transport
- Walk-in clinic (1:3) = 6,500 additional encounters

Projected volume (year 10)

- 23-hour observation unit = approx. 28,000 encounters
 - Requiring inpatient care services (35% MH) = 6,300
 - NOTE: may require transport
 - Requiring substance use disorder detox services (50% SUD) = 4,900
 - NOTE: may require transport
 - 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
 - NOTE: requires transport
- Walk-in clinic (1:3) = 9,333 additional encounters

Projected volume (graph)

Crisis Encounters



Risk management

- First responder transport protocols, triage, assessment, rates, etc.
- Substance use disorder detoxification ~ transport protocols
- Inpatient care ~ discharge/admission, bed board, transport protocols
- Hospital ED volume assumptions, specifically regarding walk-ins
- Discharge planning and linkage to community-based providers as a function of the walk-in clinic volume assumption

Next steps

- Support addressing risk management issues
- Continue to refine estimates/forecasts
- Complete additional analyses (e.g., demographics, including hot-spotting current demand)
 - NOTE: need to determine needs for data sharing agreements, non-disclosure agreements, etc. as data requests become more granular
- Respond to other Steering Committee and FCMHCC workgroup requests

FCMHCC Steering Committee

- Questions?

Thank you

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