FCMHCC Planning Assumptions

August 27th, 2019

- Target Population
  - Anyone age 18+,
  - In Franklin County at the time of their crisis, regardless of immigration status or residency,
  - Who is experiencing a mental health crisis,
  - Including persons with co-occurring substance use disorders (i.e., not targeted for SUD only/primary need of detox services),
  - Regardless of insurance status

NOTE: this does NOT include individuals who have been arrested

- Estimated Volume (estimates/projections from **Data/Technology Workgroup**)
  - 17,653 encounters in year one, and 21,713 in year ten based on key data/assumptions including:
    - Current volume presenting at various access points = 29,700
    - First responder mode of arrival = 22% for Netcare & 52% for hospital EDs
    - Admission rates to the new center for first responder modes of arrival = 98% of current Netcare & hospital ED volumes,
    - Admission rates to the new center for 'walk-ins' = 98% of current Netcare & 15% of current hospital ED volumes
    - Admission rates are reduced to account for individuals with the need for advanced medical services = -3% of current Netcare & -20% of current hospital ED volumes
    - Admission rates are projected to increase by 2.3% of current volume annually for ten years

NOTE: additional data follow-ups will occur as after the FCMHCC Planning Assumptions are vetted and more clarity can be provided regarding data definitions; however the 17,653 encounters estimate is consistent with the original estimates developed by CXNS

- Access (design/flow supported by **Building Design Workgroup**)
  - 24/7, 365, never on divert with:
    - One Public entrance via the Walk-in Clinic, and
    - One or two entrances for Emergency Medical Services (EMS) and Law enforcement

- Service Units
  - *Walk-in Clinic* (Unit scope, desired outcomes, and physical plant recommendations (**Workgroup TBD, considering Medical/Pharmacy**))
    - Bridge prescriptions
    - Brief assessment
    - Linkage services
  - *Intake & Assessment* (Unit scope, desired outcomes, and physical plant recommendations (**Workgroup TBD, considering Medical/Pharmacy**))
    - Public via Walk-in Clinic
    - EMS, close to Medical care unit
    - Law enforcement, with restraint/seclusion
  - *Medical care unit* (Unit scope, desired outcomes, and physical plant recommendations from **Medical/Pharmacy Workgroup**)
    - Acuity/services > Minute Clinic and < Urgent Care, including the ability to medically/pharmacologically support individuals with mental health and substance use disorders (i.e., not 'detox only' individuals; no sub-acute detox)

- *Secure 23-hour Observation unit, with restraint/seclusion* (Unit scope, desired outcomes, and physical plant recommendations from (**Workgroup TBD, considering Medical/Pharmacy**))
  - Flexible, partition-able unit with an open/medical recliner model
  - Needs to be able to handle diverse patient mix, including probated individuals
- *Secure '> 23-hour' unit, with restraint/seclusion* (Unit scope, desired outcomes, and physical plant recommendations from **Medical/Pharmacy Workgroup**)
  - Private rooms with space for group activities, meetings, therapy
  - Needs to be able to handle diverse patient mix, including probated individuals
- *Community-based providers Discharge/Linkage Space* (Unit scope, desired outcomes, and physical plant recommendations from **System of Care Workgroup**)
- *Other known units/physical plant needs as of today*
  - Administrative space for service units
  - Crisis call center (not for suicide hotline)
  - Food services
  - Kennel
  - Laundry
  - Medical records room
  - Pharmacy services (Unit scope, desired outcomes, and physical plant recommendations from **Medical/Pharmacy Workgroup**)
  - Private bathrooms
  - Public restrooms
  - Security
  - Space for education/training
  - Space for family engagement in applicable service units
  - Telemedicine in applicable service units

- <u>Location</u>
  - The **Building Design Workgroup** should propose a design which optimizes each unit's needs based on the details and data provided to them, and then determine if the Harmon Ave. property is viable

- <u>Additional TBDs</u> (i.e., known unknowns) as of today
  - Already underway
    - *Equipment and technology needs* (assigned to **Building Design & Data/Technology Workgroups**)
    - *Licensure, certification, accreditation, etc.* (assigned to **Regulatory/Legislation Workgroup**)
  - To begin in October 2019
    - *Funding* (will be assigned to **Governance/Funding Workgroup**)
    - *Governance* (will be assigned to **Governance/Funding Workgroup**)
  - To begin in November 2019
    - *Staffing* (will be assigned to **Staffing Workgroup**)
  - To begin in December 2019
    - *Community awareness* (will be assigned to **Community/Access Workgroup**)
    - *EMS and Law enforcement transport protocols* (will be assigned to **Community/Access Workgroup**)
  - To begin in January 2020
    - *Continuity of care planning* (will be assigned to **System of Care Workgroup**)

*NOTE: many of the assumptions and workgroup assignments outlined above require an expansion of original scope for the **Medical/Pharmacy Workgroup***