

An Update on Our Work

*Improving the psychiatric crisis and
emergency services system in Central Ohio*



**Franklin County Psychiatric Crisis
and Emergency System Task Force (PCES)**

May 2017

The need for emergency behavioral health and addiction services in Franklin County is surging. Currently, psychiatric patients in crisis are overwhelming hospital emergency departments. In addition the volume and acuity of these patients poses serious challenges to free-standing behavioral health and addiction crisis programs. Patients and families experience long wait times for the care they need, as well as ill-coordinated care among an array of behavioral health providers. In response, representatives from a broad spectrum of community stakeholders joined together in November 2014 to identify ways to improve the psychiatric crisis and emergency services system in Franklin County. This group, known as the Psychiatric Crisis and Emergency System Task Force (PCES), issued a set of recommendations in February 2016. This report serves as an update on the progress made by the PCES Task Force to improve the behavioral health system within our community for patients and their families.

Commitment to Collaboration

PCES consists of partnerships that include health care organizations, law enforcement, state and local government, Emergency Medical Services (EMS), and mental health advocates. All are committed to identifying and implementing systems, processes and other needs to improve the psychiatric care system in central Ohio. The PCES includes several workgroups that are actively engaged to implement the Task Force recommendations issued in February 2016. A PCES Leadership Team meets monthly to review progress and provide support to the workgroups. The full PCES Task Force meets quarterly to hear updates from and provide feedback to the workgroups. For updates on the work of the PCES as well as a list of PCES Task Force meeting dates, please visit the PCES website at www.PCESTaskForce.org.

Summary of Task Force Recommendations and Goals

From November 2014 through December 2015, the PCES Task Force worked through a facilitated process to identify recommendations, which, when achieved, would improve the psychiatric system in central Ohio. The recommendations are:

1. Create a comprehensive, collaborative system of care for individuals experiencing mental health and/or addiction emergencies.
2. Develop additional options for intermediate and ambulatory care for individuals in need of mental health and/or alcohol and drug addiction treatment
3. Build robust education and outreach effort for patients and patient families.
4. Build collaborative, effective working relationships with the payor community to improve the overall system.

Each of the recommendations are intended to meet a set of overarching goals that the PCES Task Force has focused on since its inception:

1. Increase access to patient-centered mental health and addiction-related crisis services and expand intermediate and ambulatory care options.
2. Decrease utilization of emergency departments and inpatient services for patients with behavioral health conditions and reduce the length of stay (LOS) of psychiatric patients in emergency departments (EDs).
3. Ensure equitable patient care regardless of payor source.

Recommendations

Facility will need all support services
on-site, which

Should consider expanding to already existing
medical facility to ease the process of meeting
medical demands

Long term Disposition: engagement on site



1

Create a comprehensive, collaborative system of care for individuals experiencing mental health and/or addiction emergencies.

Task Force members are investigating a formalized system of care which requires collaboration among all key providers and stakeholders related to mental health and/or addiction crises. The collaborative system would embrace an integrated model with system-wide process improvements such as communications, access to data, information sharing, standardized protocols across systems and consistent, broad use of community treatment plans. The system could include a dedicated regional psychiatric emergency and crisis facility, which, in some communities, has significantly reduced ED boarding and hospital admissions. The system could also embrace a collaborative approach to improving psychiatric emergency care without the construction of a regional facility.

The PCES Leadership Team has requested assistance from Battelle to form an objective, technical, and data-driven analysis, and to facilitate the development of a collaborative system of care. To date, Battelle has:

- Convened an expert panel to learn the community's goals for a comprehensive system of care, as well as address the current needs in the community related to developing this system. The panel also discussed possible design elements of a

regional psychiatric facility as well as identified anticipated challenges and potential solutions for such an undertaking.

- Completed an environmental scan of literature to identify factors influencing the existing models of care delivery, as well as the desired health outcomes for the community in the future model. Battelle is also gathering a broad range of local, state and national data sets to define baseline psychiatric emergency care utilization statistics in Franklin County, and to build a financial model to inform the feasibility of a Franklin County behavioral health collaborative system of care.
- Conducted key informant interviews with three U.S. communities that have developed dedicated, regional psychiatric emergency facilities to learn more about their experience and determine if their model can be replicated and sustained in our community.

Battelle's analysis should be completed this summer. At that time, a broader community discussion will take place, as the Task Force acknowledges that responsibility to develop an effective and sustainable psychiatric crisis and emergency services system must be shared across Franklin County.

2

Develop additional options for intermediate and ambulatory care for individuals in need of mental health and/or alcohol and drug addiction treatment.

Providing additional options for intermediate and ambulatory care is an effective and efficient way to make immediate improvements to the psychiatric system. Last year, the Task Force implemented several pilot projects that are intended to assist emergency department physicians in assessing a patient's mental health condition and determining an efficient and effective plan for treatment. If proven effective and sustainable, the Task Force will seek to expand these pilot projects across the community.

Expanded Emergency Department Access to Community Mental Health Centers

Hospitals indicate that a primary reason for back-log in the emergency department for patients presenting with psychiatric symptoms can be attributed to lack of access to information on patients linked with a mental health center, especially during the weekend hours. Starting in October 2016, the Task Force implemented a pilot program which allows ED staff at Grant Medical Center to access clinical staff at Southeast Inc. via a dedicated phone number Monday through Friday during regular business hours. On weekends, a Southeast behavioral health clinician is housed at the Grant ED

between 10 a.m. and 2 p.m. The clinician can access the patient's clinical information and has the ability to do real-time scheduling.

Since the inception of the pilot, there was a 33% decrease in the average time to disposition in the population of patients seen by Southeast clinicians. Grant ED officials attribute the shorter patient times directly to having greater access to Southeast clinicians. The pilot, funded by the Ohio Department of Mental Health and Addiction Services, has been extended an additional six months. Over that time, the PCES hopes to demonstrate that decreased time for patient disposition leads to shorter inpatient stays for patients who are admitted, fewer patients needing admitted to an inpatient psychiatric unit, and a reduced length of stay for patients discharged home from the ED.

Telepsychiatry Consultations in the ED

In Franklin County, psychiatric patients in crisis are overwhelming hospital emergency departments, which are often not equipped to provide optimal assessment and care to patients in behavioral health and addictive crisis. As a result, psychiatric patients in crisis often face long waits before accessing psychiatric clinicians. Prolonged stays in the ED are neither patient-centered, nor cost-effective.



“Having Southeast staff on-site at the Grant ED has proven to be beneficial to Emergency Department staff members and patients. Grant staff are pleased to have quick access to clinical information that supports decision making. Patients have been pleased about having someone on site “who knows me” and have appreciated the quick linkage to appointments and other Southeast services. Quick access to critical clinical information is the core element that creates success.”

Sandra Stephenson, MSW, MA, Director of Integrated Healthcare, Southeast, Inc.

To address this issue, the Task Force has implemented two pilot projects allowing patients seeking crisis care in an ED where psychiatric services are not available to consult with a psychiatrist at an off-site location via telepsychiatry. Two telepsych pilot projects are underway:

Mount Carmel Health System/Netcare Pilot

Uninsured psychiatric patients seen in select Mount Carmel emergency departments are provided with a telepsychiatry consultation with psychiatrists and psychiatric nurse practitioners housed at Netcare. Since the inception of the pilot in October 2015 with Mount Carmel East's ED, and a more recent addition of the ED at Saint Ann's, approximately 75 patients have been provided with a telepsych consult. Those patients were directly dispositioned to a state psychiatric hospital, Netcare's Crisis Stabilization Unit, or were discharged to the community with resources and follow-up information. Without the telepsych consult, most if not all of those patients would have been transported to Netcare for an in-person evaluation, which adds significant cost to the system and often results in significant delays in patient care.

OhioHealth Pilot

Beginning in November 2015, patients presenting to the Doctors Hospital emergency department with a behavioral health complaint

were provided access to a telepsychiatry consultation with a psychiatrist based at Riverside Methodist Hospital. Eight months following the launch of this pilot study, the average length of stay (ALOS) for psychiatric patients in the Doctors Hospital ED was reduced by 26%. Furthermore, the ALOS for psychiatric patients in the ED who were admitted to an inpatient psychiatric unit was reduced by 28%.

The OhioHealth pilot also resulted in a reduction in the number of patients admitted to an inpatient psychiatric unit, with a 10% shift in patients being discharged to their home instead of being admitted to an inpatient unit. In addition, patients who received a telepsych consult and were admitted to an inpatient unit had a 2.4 day shorter length of stay in the unit, compared to the patients who did not receive a virtual consult. This impacted the overall LOS on the inpatient psych unit, taking it from 8.1 days pre-pilot to 7.7 days post-pilot. OhioHealth clinicians attribute the decrease in inpatient length of stay to patients starting and restarting medications sooner when they have timely access to a psychiatrist evaluation.

Due to the success of the Doctors Hospital pilot, as well as that of a subsequent pilot at Grant Medical Center, OhioHealth is expanding its virtual psychiatry consult program more broadly to EDs throughout the system.



“We’ve found that our psychiatric patients in the ED are very appreciative of having access to a timely consultation with a psychiatrist,” says Dr. Megan Schabbing, medical director of Psychiatric Emergency Services at OhioHealth Riverside Methodist Hospital. “They do not usually mind the fact that the consultation is being done via telemedicine, as opposed to in person.”

3

Build robust education and outreach effort for patients and patient families.

Since its inception, the PCES Task Force recognized that there is an information gap for patients and family members when someone is experiencing a psychiatric and/or addiction-related crisis. To improve the overall psychiatric emergency crisis system in Franklin County, the PCES Patient and Family Communication and Outreach Workgroup is developing a communications plan to educate the community about what to do and where to turn when individuals and family members experience mental health or substance-use emergencies. The workgroup has divided into three working groups to consider:

1. identifying data/resources that are needed in order to develop a communications plan,
2. conducting a survey and/or focus groups on communication and messaging with different groups, and
3. Recognizing what isn't working in the current system because of breakdowns and disconnects and then identifying what needs to shift.

In completing this work, the group is considering target populations, appropriate and effective messaging, communication vehicles, desired outcomes, evaluation and feedback loops, and how to measure success.



“This is really a teaching moment for the Franklin County community about what to do and where to turn when you or a loved one is experiencing a mental health or substance-use emergency. We’re working on developing specific messages for different groups of people about how to recognize an emergency and how to find help. We look forward to providing simple, straightforward, and easy-to-understand messages about what a mental health or substance use emergency looks like and then where to turn for help.”

Kenton J. Beachy, MA, MPA,
Executive Director, Mental Health America Franklin County



Build collaborative, effective working relationships with the payor community to improve the overall system.

The PCES Task Force believes that working in tandem with the payor community on psychiatric crisis issues is essential. One way is to ensure successful implementation of a State program allowing care of Medicaid patients in Institutions for Mental Diseases (IMDs). Currently, due to federal law that dates back to the 1960s, free-standing psychiatric facilities with more than 16 beds, or IMDs, are unable to bill for care provided to Medicaid patients. As a result, Medicaid patients experiencing psychiatric crisis often experience delays to treatment due to the federal restrictions to care in an IMD. Recent changes to federal law will now allow for care of patients in an IMD to be reimbursed by Medicaid managed care organizations. The Ohio Department of Medicaid is finalizing its work to make this a reality in Ohio by July 1.

Local psychiatric providers are preparing for the IMD changes. Providers, who have been working in collaboration for years to place patients in need of inpatient psychiatric care, are working to ensure that they share the responsibility of accepting and treating Medicaid patients experiencing psychiatric crisis.

Similarly, the Task Force believes that improved communication between providers and payors will help patients obtain appropriate care in a more timely manner. To that end, Medicaid managed care organizations have been provided access to a Web-based portal listing patients in Franklin County EDs who need inpatient psychiatric care. The PCES will include payors in future discussions and efforts that are designed to improve communication and collaboration between the provider and payor communities.

Summary of Our Progress

The need for emergency behavioral health and addiction services in Franklin County is surging. The time for a community response is urgent. The Psychiatric Crisis and Emergency System Task Force has made significant progress in developing and implementing its work plan since it issued a set of recommendations in February 2016. This work, which is being carried out by several community organizations, has one goal in mind: to improve the psychiatric system for patients and their families.

Since its inception in 2014, PCES has built partnerships that include health care organizations, law enforcement, state and local government, EMS, and mental health advocates. All are committed to identifying and implementing systems, processes and other needs to improve the psychiatric care system in Franklin County. A number of workgroups are actively engaged and plan to carry out the recommendations in the report, and a leadership team is reviewing progress and providing support to the workgroups.

The work of the PCES Task Force will only be successful if the full community is engaged and supportive of the efforts underway to improve the psychiatric system. To stay apprised of our work, please visit the PCES website at www.PCESTaskForce.org.



Organizations engaged in the PCES forum include:

ADAMH Franklin County	Mental Health America Franklin County
CareSource	Molina Healthcare of Ohio
Central Ohio Hospital Council	Mount Carmel Health System
Columbus Fire Department	Nationwide Children's Hospital
The Columbus Foundation	Netcare Access
Columbus Medical Association	Ohio Hospital for Psychiatry
Columbus Public Health	The Ohio State University Wexner Medical Center
Columbus Springs	OhioHealth
CompDrug	PrimaryOne Health
Concord Counseling Services	Twin Valley Behavioral Health
Franklin County Commissioners	SUN Behavioral Health Columbus
Franklin County Probate Court	Syntero
Franklin County Sheriff's Office	United Healthcare
Maryhaven	



Franklin County Psychiatric Crisis and Emergency System Task Force (PCES)

Support of the PCES work is provided by:

