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**RETREAT SESSION NOTES**  
**Franklin County Mental Health Crisis Center**  
**Steering Committee**  
May 16, 2019 8:00 AM – 4:00 PM  
PNC Bank Building

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**Attendees:**

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Beth Armstrong, Kenton Beachy, Lisa Bishop, Katherine Brownlowe, Chris Carson, Michael Daniels, Andy Dorr, Dallas Erdmann, Ann Gallagher, Pablo Hernandez, Mark Hunter, Kythryn Carr Harris, Lt. Dennis Jeffrey, Katrina Kerns, Jeff Klingler, Gary Krafthefer, Michael Krouse, Jesse Longoria, Rachelle Martin, Kris Long, Laura Lucas, Sgt. Jennifer Mancini, Sean McKibben, Lt. Matt Parrish, Chief Deputy Geoff Stobart, Brian Stroh, King Stumpp, Rachit Thariiani, Jonathan Thomas, Jonathan Wyly

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**A. Welcome**

Jonathan Wyly, Project Lead and CFO, ADAMH Board of Franklin County, kicked off the meeting and thanked Steering Committee members for their attendance and commitment to the effort. He facilitated self-introductions. Wyly reminded the group that during the last Steering Committee meeting the group decided that it needed a daylong retreat with Chris Carson, CXNS, to define the “what” and scope for the center. After this step is completed, the workgroups will be able to commence its work. Wyly turned the meeting over to Chris Carson, CXNS.

**B. Discussion Findings**

1. Mission

Carson reviewed the agenda for the day. He first asked the group to think big picture about why they are developing the center, i.e. what is the mission? After considerable discussion, the group agreed that the core mission is to improve the crisis system of care in Franklin County. Committee members also discussed that the aspiration is to elevate the system of care to avoid crisis situations. They also said that a properly working system ensures that people get to the right place at the right time for optimal results.

2. Phases of Planning

Carson then shared an outline of the three basics of planning for the center (see attached copy). He explained that the Steering Committee is currently in Phase I.

3. Values

Carson asked the team to identify the values for the center. He shared the values that the facility he leads in Phoenix uses. He explained that the values are instrumental in helping make decisions about the construction and operations of the facility. After robust conversation, the Steering Committee identified the following values for the FCMHCC:

- ✓ Safety
- ✓ Access
- ✓ Stabilization
- ✓ Golden rule
- ✓ Sustainability
- ✓ Accountability
- ✓ Collaboration

#### 4. Identifying System Stakeholders

Carson asked participants to identify:

*Who/what are parts of the current crisis system in Franklin County?*

- ✓ 911
- ✓ Netcare
- ✓ Hotlines
- ✓ Emergency departments / hospitals / ED network
- ✓ First responders
- ✓ Maryhaven
- ✓ Engagement center
- ✓ Homeless system
- ✓ Court / guardianship
- ✓ Community mental health centers
- ✓ Outpatient / ambulatory services

#### 5. Who Are We Serving?

The Steering Committee made the following determinations about who the center will serve?

- ✓ Anyone in Franklin County (residents or visitors)
- ✓ Mental health/ Behavioral health
- ✓ Alcohol and drug addiction (No front door for non-emergency detox only)
- ✓ Adults 18+
- ✓ Regardless of payer status
- ✓ Regardless of immigration status
- ✓ Voluntary and involuntary

During the discussion, it was noted that fragmentation is the biggest problem in the system of care.

#### 6. “Dude Walks In” Exercise

Chris spent the rest of the session conducting an exercise that mapped the flow of how the center will be used by all stakeholders. The outcomes of the discussion determined answers to key scope questions. The discussion also helped define the workgroups needed and uncovered issues that did not reach quick consensus and that need to be resolved. Meeting participants were also given a checklist to help define the scope of the building. The conversation throughout the ‘walk in’ exercise informed many of the items on the checklist. A copy of the checklist with input from the session is on pp 6-7.

The following are general notes from the exercise questions and discussion:

*How will we define crisis for the center?*

- ✓ Broad definition
- ✓ The person defines the crisis
- ✓ Includes mental health and substance abuse (emergency / not for non-emergency detox)
- ✓ Includes medical conditions that present as psych issue (sodium example)

*How will consumers access the center?*

- ✓ Brought into center
  - Law enforcement (including probate)
  - Referral
- ✓ Walk-in
  - Self-defined crisis need

*Will center have special services to treat psych that regular EDs don't have?*

- ✓ Fundamentally different in center than EDs
- ✓ Everyone goes through the center before getting to psych bed (unless presents at hospital ED and hospital has available bed)
- ✓ Will deflate ED clog

*What will be the inpatient capacity?*

- ✓ 16+ beds
- ✓ Need to determine designation as an "emergency department" so that EMS is allowed to drop off and get reimbursed

*What pharmacy capabilities are needed in the center?*

- ✓ Injections
- ✓ Need more elegant pharmacy model
- ✓ Will there be a retail pharmacy presence?
- ✓ Urgent care
- ✓ Bridging medication
- ✓ Stock the basics

*Consider special situations*

- ✓ Special populations: DD, pregnant, sex offenders, children,
- ✓ Nonsmoking

## **SPACE NEEDED**

AREA 1: INTAKE AREA (FRONT DOOR=Foot traffic / BACK DOOR = Law enforcement drop off)

*What is needed in Area 1 back door / what happens?*

- ✓ Secured sally port (capacity for multiple cars / 2 vehicles arrive per visit)
- ✓ 911/ Law enforcement drop and go

- ✓ Highly controlled environment
- ✓ Triage at front door
- ✓ Triage immediately - assessment
- ✓ Goal: 5 minutes – turnaround time for law enforcement drop off (must be less in 14 minutes because that is how long it takes to book in jail)
- ✓ Seclusion room – highest level of security
- ✓ Secured area
- ✓ Assessment (medical capability)
- ✓ 2 hours in and out (if not real crisis)
  - Connect with onsite Linkages – Co-locate in building or have staff person on-site
  - Teams come in every / many ways to do the linkages but must be done well and efficiently

*What is needed in Area 1 front door / what happens?*

- ✓ Front lobby
- ✓ Assessment area
- ✓ Space for families

#### AREA 2 ASSESSMENT AREA

- ✓ Office space – private areas
- ✓ Assess and treat as appropriate

#### AREA 3 OPERATIONAL UNIT

- ✓ Operational space with chairs/recliners
- ✓ Main space
- ✓ Observation

#### AREA 4 INPATIENT AREA

- ✓ Exact scope TBD
- ✓ 16+ bed locked CSU for most acute
- ✓ Observation
- ✓ Higher acuity level patient space (some ability to separate populations)

#### Auxiliary Needs at Facility

- ✓ Laundry (patient laundry)
- ✓ Food service – kitchen
- ✓ Bathing / toilets
- ✓ Teaching / education space
- ✓ Family support
- ✓ Cameras

#### Other Considerations

- ✓ Technology
- ✓ Information and data sharing
- ✓ Ability to do probate on site (courtroom) video link with testify
- ✓ Heavy lift is the discharge planning

- ✓ Must be a flow facility
- ✓ Access control in the building
- ✓ Security and metal detector
- ✓ What is role of the State hospital? – What part of system of care?
- ✓ Triage for medical – needs to be managed for availability – goal to always have bandwidth
- ✓ Detox complications –transfer to an ER – then goes to Maryhaven
- ✓ Mobile crisis – assesses and determines in crisis – they would come to center
- ✓ Joint operating committee – needs to be established for coordination (crisis planning for high utilizers)

### 7. Difficult issues

The group had difficulty with the following issues during the conversation. They revisited and worked to resolve each of them

- ✓ After much discussion, it was decided that patients who have been legally charged or who are facing criminal charges whose ultimate destination is the jail should not be brought to the center
- ✓ The group acknowledged issues with the regional Veterans Administration that need to be resolved / especially related to outflow issues
- ✓ Need to determine scope of inpatient unit
- ✓ Need to resolve classification of center (ED designation) / EMS drop off and reimbursement issue

### **Potential Workgroups**

The following were identified as potential workgroup topics:

- ✓ Data
- ✓ Resolve EMS / center designation issue
- ✓ System of care – best use of resources
- ✓ Building design
- ✓ Inpatient how big /acute
- ✓ Medical services / pharmacy
- ✓ Payers

### **C. Wrap up and next steps**

- ✓ The project team will share results and use information to develop workgroups
- ✓ Workgroups will be launched at next committee meeting on May 23<sup>rd</sup>
- ✓ Next Steering Committee meeting: Thursday, May 23<sup>rd</sup> 3:00 pm – 5:00 pm Location: Netcare Access 199 S. Central Avenue, Columbus, OH 43223



## Checklist

### The WHAT: Defining the Scope of the Building

#### Whom will the center serve? Access

- All Franklin county will have access to services the center **Anyone in Franklin County**
- Will the center treat consumers with behavior health issues only? **All mental health/BH, AOD, Medical**
  - Absence of major / medical needs**
  - Violent –serious charges: Not of active charges (stabilize of no charges)**
  - Not for detox only / yes for emergency detox**
  - Adults 18+**
  - Regardless payer status**
  - Regardless of immigration status**
  - Voluntary and involuntary**
- Will the center offer a 24 / 7 crisis hotline? **Yes**
- Will the center offer 24 / 7 access to the physical facility? **Yes – walk in foot traffic - yes**
- Will the center accommodate consumers who present in voluntary and/or involuntary ways? **Both**

#### What services will be offered?

- What psychiatric services will be available at the center?
  - Crisis stabilization **Yes**
  - Crisis de-escalation (appropriate triage for violent situations)
  - Inpatient unit - 16**
  - Mobile crisis **Yes**
  - Tele psychiatry **Yes**
  - Community response
  - Other (s)
- What pharmacy services will be available at the center? **Yes**
  - Pharmaceutical behavioral intervention **Yes**
  - Medication Assisted Treatment (MAT) **Yes**
  - General medical pharmacy needs for co-morbid medical conditions **TBD**
  - Other (s) **Basic / essential services**
- What detox/ addiction services will be offered at the center? **Yes**
  - Crisis detox **Yes**
  - Medication Assisted Treatment (MAT) **Yes**
  - Alcohol, drug addiction counseling services **No – linkage provided**
- What other medical services will be offered at the center? **What is reasonable and rational**

- Urgent care (behavior health patients only? **Yes**)
  - Laboratory **TBD**
  - **EKG, Chest x-ray ? TBD**
  - Other(s)
- What in-patient services will the center offer?
  - Situations / conditions for inpatient allowance **Yes**
  - Crisis stabilization unit **Yes**
  - Maximum length of stay **TBD**

**What nonmedical services will be offered?**

- Will the center offer legal services?
  - Forensic assessment - **No**
  - Probate pre-screening **TBD**
- What linkage providers / wrap-around services need physical presence in the center?
  - Social work **TBD**
  - Counseling **TBD**
  - Alcohol, drug addiction programs **TBD**
  - Community supports (homeless shelter/housing, employment, food, etc.) **TBD**
  - Other(s) **TBD**