



Promoting wellness and recovery

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988 Implementation Plan Lifeline Planning Grant

Ohio Department of Mental Health and Addiction Services

September 30, 2021

988 Implementation Plan for Ohio
988 Planning Grants
Monday, September 27, 2021

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Grantee Agency, Contacts, and Lifeline Centers

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Grantee: Ohio Department of Mental Health and Addiction Services

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Backup 988 Grant Contact: Bobbie Boyer **Email:** Bobbie.Boyer@mha.ohio.gov

Key 988 Implementation Planning Grant Staff

- Project Leader: Stacey Frohnapfel-Hasson, Chief, OhioMHAS Prevention Services
- Bobbie Boyer, Deputy Director, OhioMHAS Prevention Services
- Valerie Leach, Project Administrator, Suicide Prevention

Key 988 Implementation Planning Groups and Structures

- 988 Planning Committee
- 988 Planning Workgroups
 - 911/988/211 Interoperability
 - Mobile Response Support Services (MRSS)
 - Needs Assessment
 - Marketing
 - Lifeline Providers

Number of Current Lifeline Centers in the State/Territory

- Active: 13
- Onboarding (in the application process): 5

Any changes in Lifeline centers? Yes

- During the planning period, one Center, Rescue Inc., ceased operations. This change was unrelated to the planning period or the transition to 988. However, because the planning process was well underway, this change presented an additional opportunity to engage in work to revise and improve Ohio's coverage map for Lifeline services.
- During the planning period five additional providers had submitted applications to become Lifeline providers or were pending with Vibrant.
- In February 2021, Child Focus, Inc. became an approved NSPL provider, as well as Hopewell.

Overall Background and Context

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Introduction: By July 2022, the National Suicide Prevention Lifeline will transition to the three-digit dialing code 988. This transition is designed to better connect crisis care services with individuals and families experiencing a mental health or addiction crisis. Increasing levels of crisis service utilization and an increasing volume of phone, text, and chat contacts to the Lifeline highlight the importance of the Lifeline (and 988) as an entry point into Ohio’s crisis care system. Further, Ohio evidence suggests that the precursors to needing crisis care and related problems remain at high levels throughout the state.

Context of crisis care services in Ohio. Understanding the context in which the 988 transition will occur in Ohio requires understanding the need for crisis care and related services by Ohioans. We explored these needs through an extensive search of national and state-level data sources, including data currently available through the Ohio Department of Health and the Ohio Department of Mental Health and Addiction Services. The goal was to obtain data reported at the county-level, if possible, but some data were only available at the state level. State-level data were collected for the current year and up to 10 prior years when available for relevant data. We examined the geographic distribution of data by producing choropleth (or heat maps) of the data, categorizing the data into quintiles, except where otherwise noted. The paragraphs below present data on suicide, suicide ideation, substance use, mental health needs and care utilization, and distributions of care across Ohio. Additional data elements for minority, youth, and veteran populations in Ohio are currently being analyzed and will be included in the final plan.

Suicide. There were 47,511 suicides in the US in 2019, which is more than two times the number of homicides (19,141). Suicide rates per 100,000 population have steadily increased between 19.8 in 2010 to 22.4 in 2019. Survey estimates suggest that 4.8% of US adults thought about suicide and 0.6% attempted suicide in 2019.

The geographic distribution of the population in Ohio is important to understand when examining counts of suicides. As can be seen in 2019 population estimates in Figure 1, most Ohioans live in the greater metropolitan areas surrounding Cincinnati, Columbus, Cleveland, and Toledo.

Figure 1. 2019 Population Distribution of Ohio

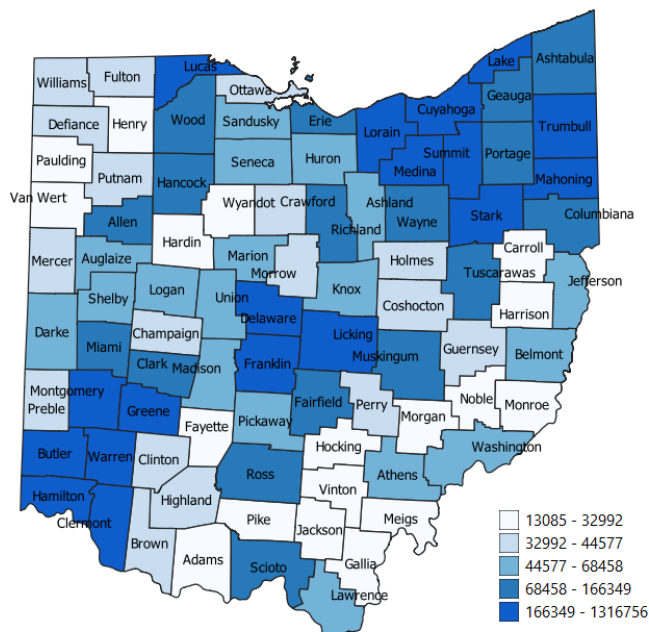


Figure 2. Ohio Suicides 2010-2019

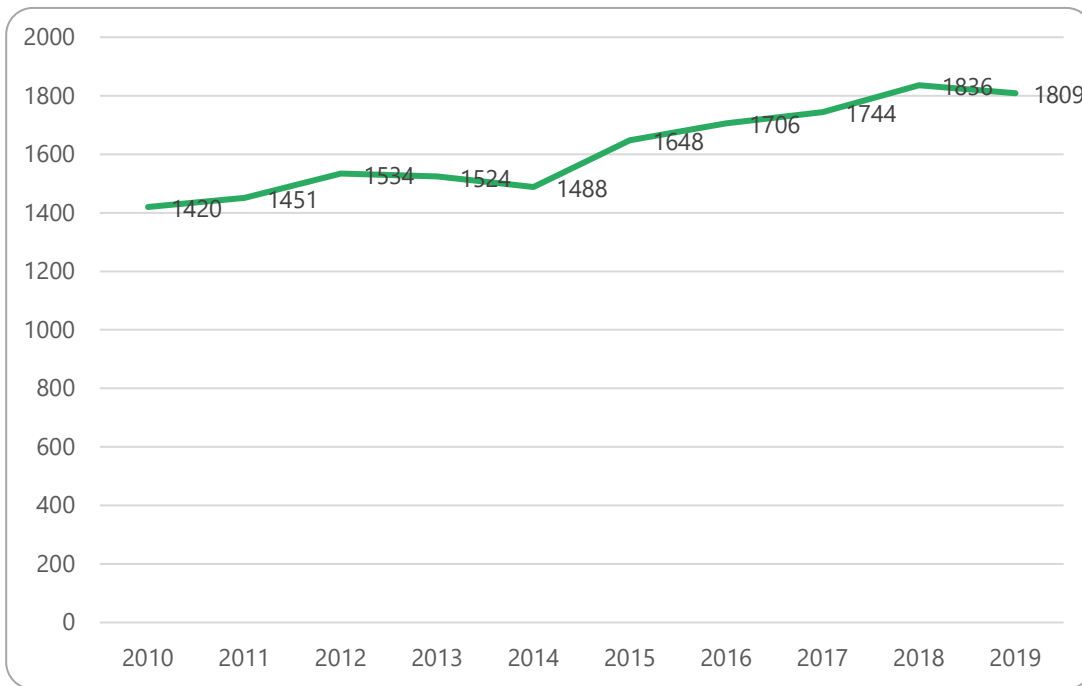
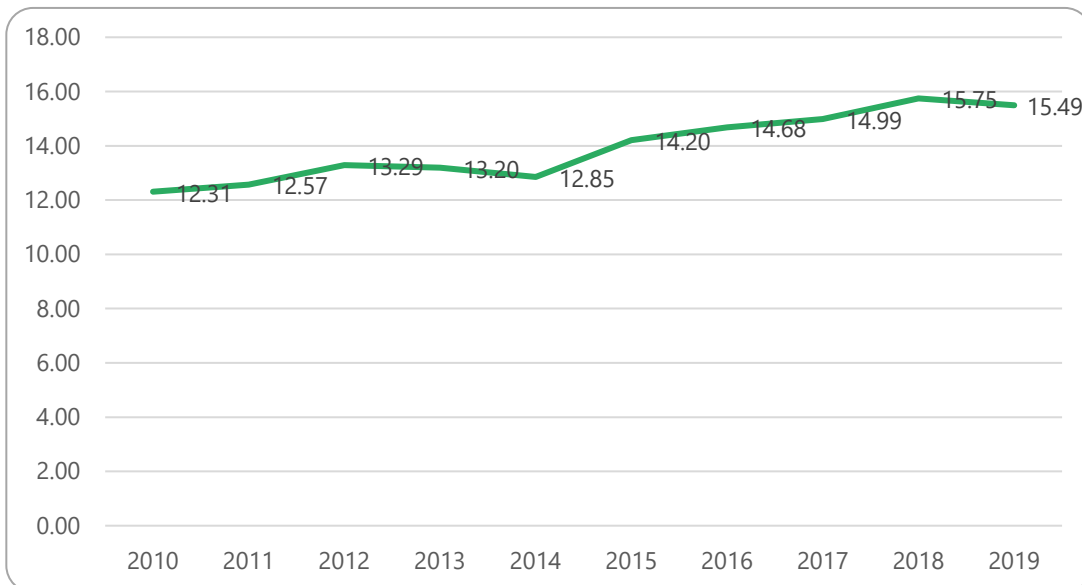
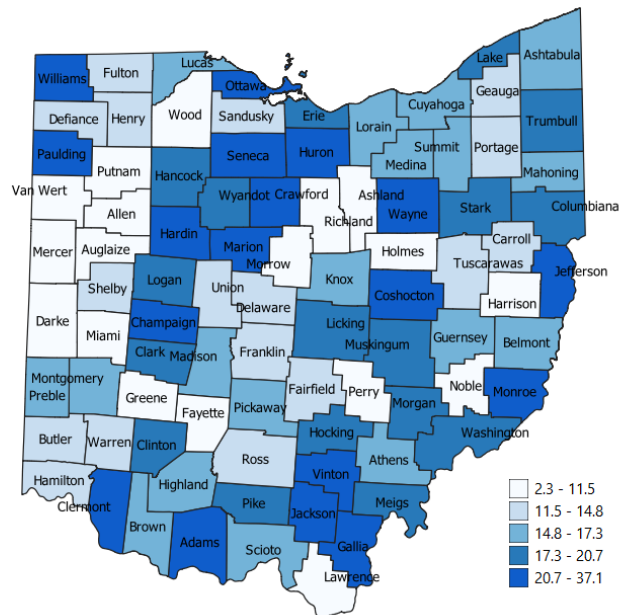


Figure 3. Ohio Suicides per 100K Population 2010-2019



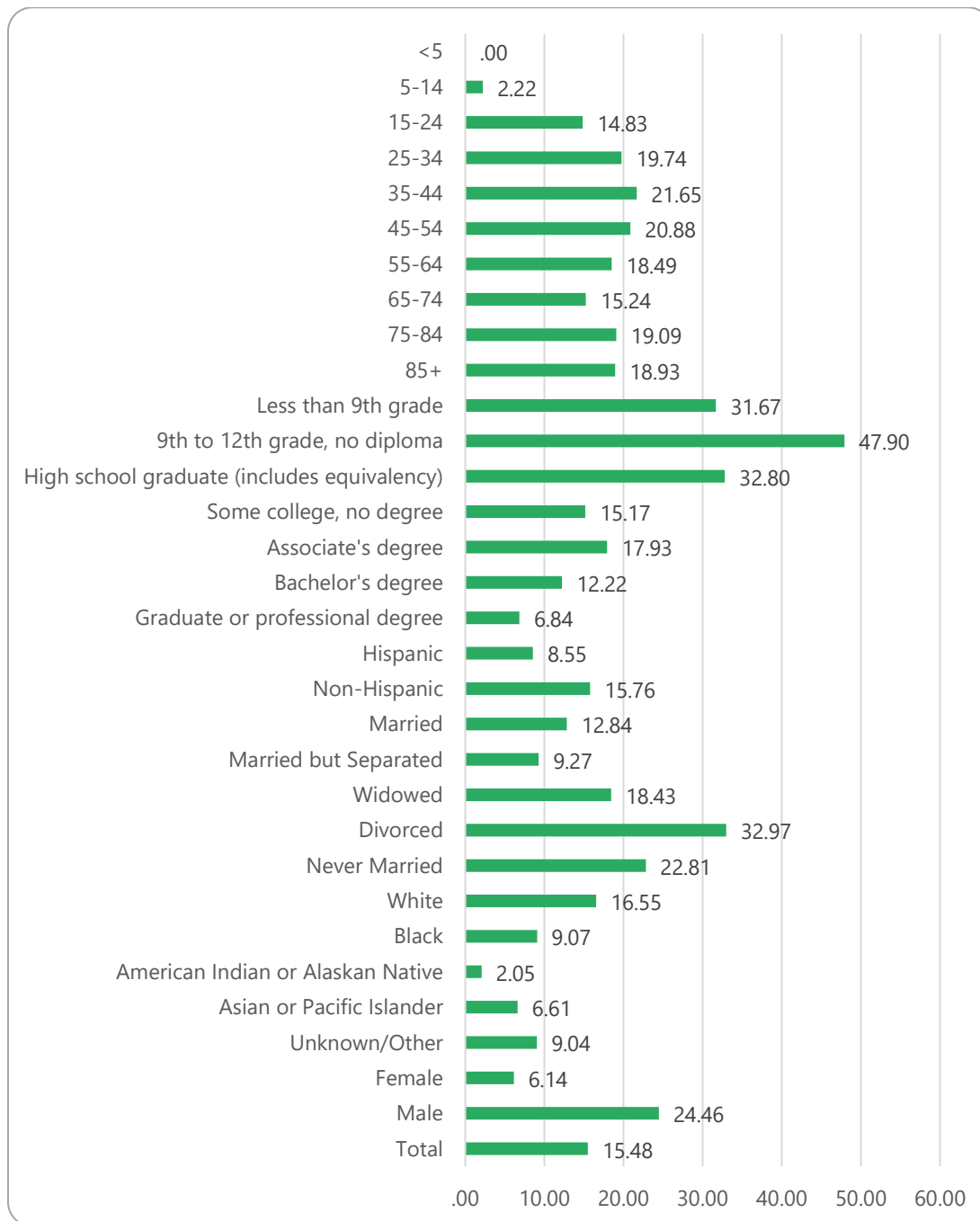
Examining suicides in Ohio (both counts in Figure 2 and rates per 100,000 in Figure 3), there was a 27% increase in the number of suicides between 2010 (N=1,402) and 2019 (N=1,809). Relative to population size, these represent 12.31 suicides per 100,000 population in 2010 to 15.49 suicides per 100,000 population in 2019.

Figure 4. 2019 Suicides per 100K Population in Ohio by County



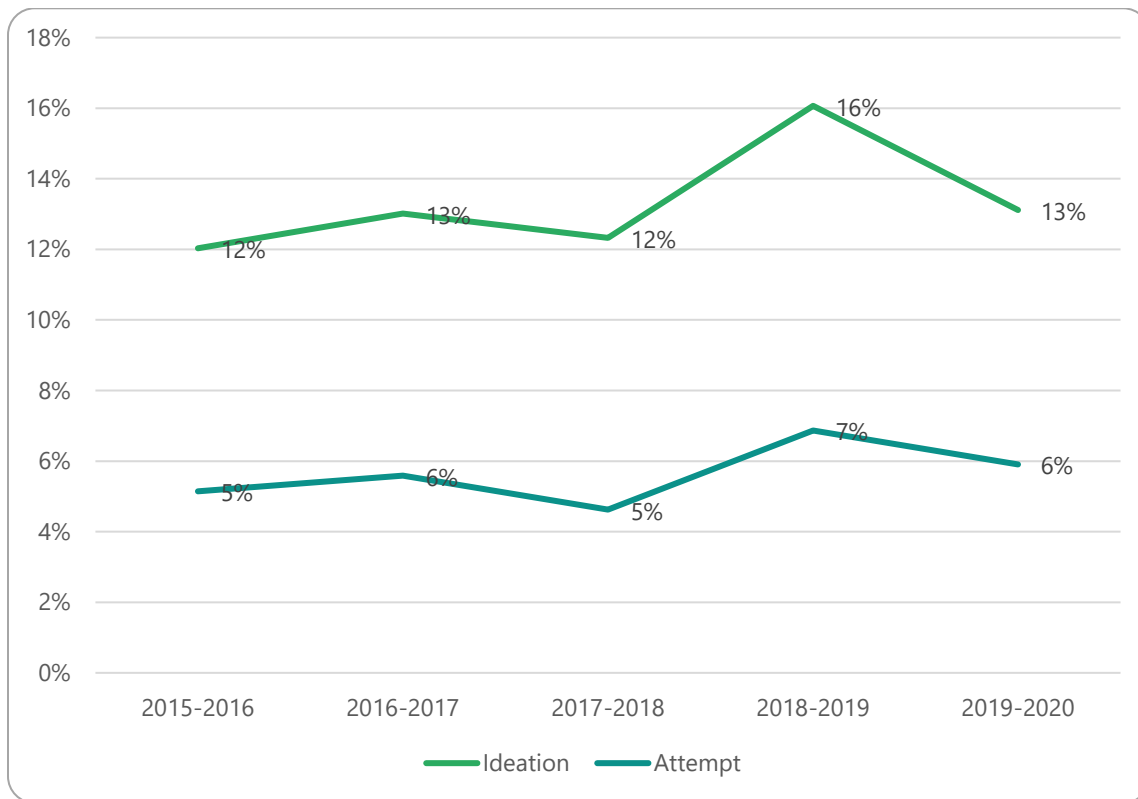
When examining the geographic distribution of suicide per 100,000 population, the proportion of the population attempting and completing suicide does not correspond to the population centers of the state. More specifically, the highest proportions of suicide are not occurring in the major population centers of the state but are occurring in the Appalachian and northwest regions of the state, which can be seen in Figure 4.

Figure 5. 2019 Ohio Suicides per 100K Population by Demographic Subgroups



Some demographic subgroups in Ohio are more likely to attempt and complete suicide than others. Considering those groups with suicide proportions of 30 or greater per 100,000 population in Figure 5, those with only a high school education or less and those who are divorced are at an elevated risk for suicide. Also, it is worthy of note that men are almost four times more likely to attempt and complete suicide than women.

Figure 6. Ohio Youth Suicide Indicators 2015-2020 (OHYES)



Suicide rates may under-represent the need for crisis services as not all suicide attempts are successful. Further, suicide may not be indicated as a cause of death for various reasons. Self-reports of suicide attempts and suicidal ideation may come closer to representing the underlying problem. Self-report data from the voluntary Ohio Healthy Youth Environments Survey (OHYES) appearing in Figure 6 suggest that in the 2019-2020 school year, 6% of youth have attempted suicide and 13% have thought about suicide. These percentages have been relatively consistent across years, except for the 2018-2019 school year. This may be an artifact of the survey being voluntary and perhaps less representative for the 2018-2019 school year. In the final plan, data also will be presented from the Ohio YRBS. Data from the 2017-2018 NSDUH suggest that suicidal ideation may be lower among adults, where 5% of Ohio adults have thought about suicide in the past year, and 4% of US adults have.

Figure 7. 2019-2020 Ohio Youth Suicidal Ideation by County

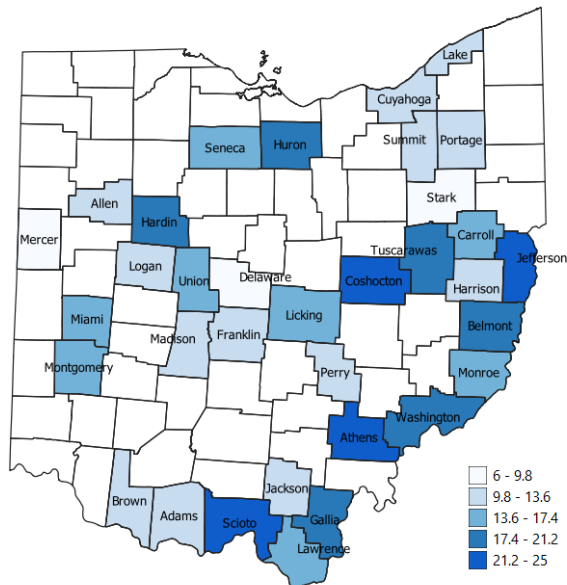
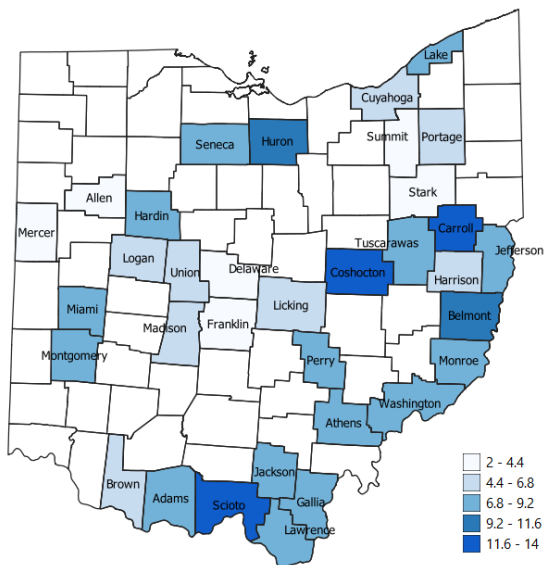
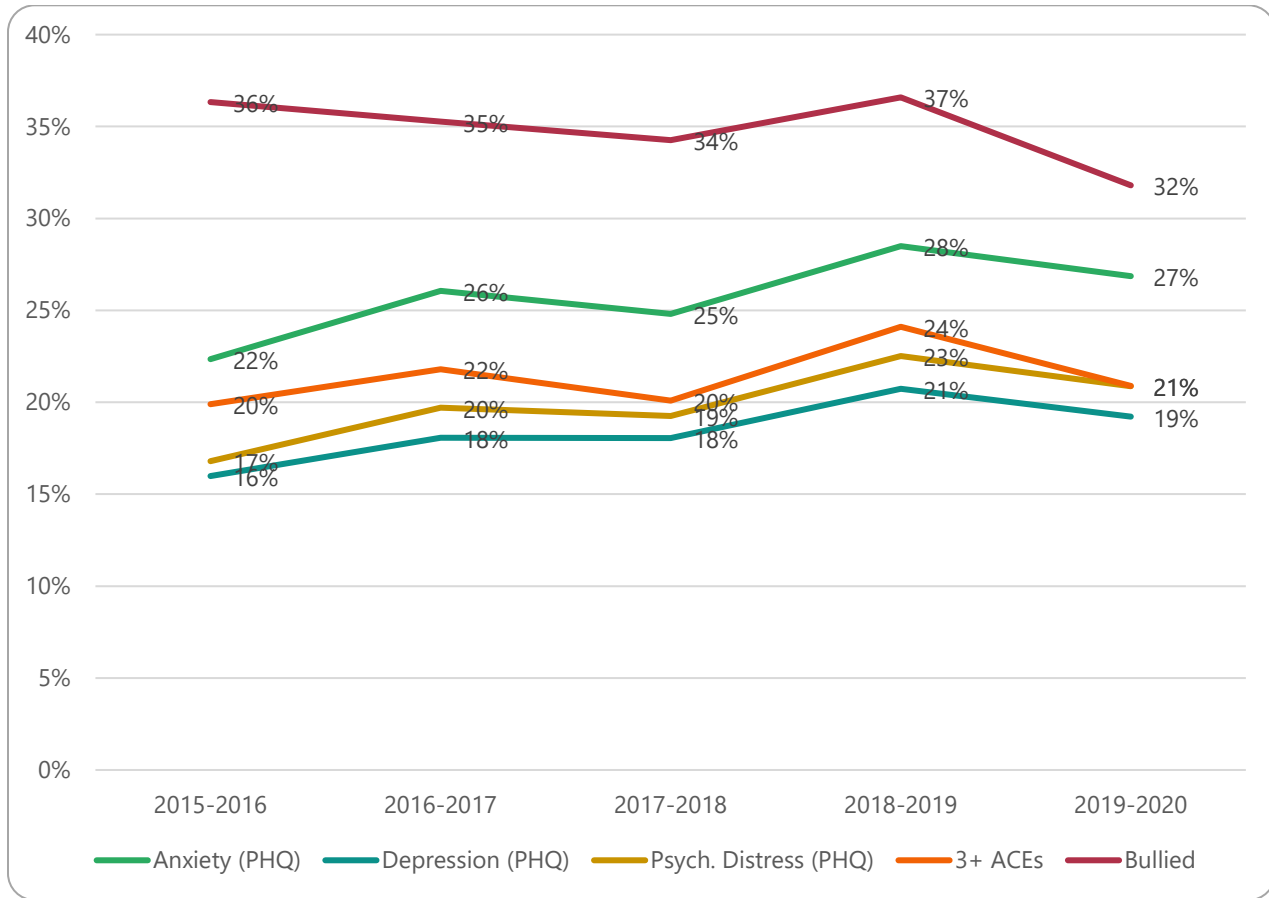


Figure 8. 2019-2020 Ohio Youth Suicide Attempt by County



Use of Mental Health and Medical Services. Utilization of emergency services perhaps serve as a direct measure of the need for crisis services; however, these data omit those needing but not receiving services. Those with mental health disorders perhaps represent the most inclusive estimate of those needing crisis services.

Figure 9. Ohio Youth Mental Health Indicators 2015-2020 (OHYES)



2019-2020 data for Ohio youth in Figure 9 suggest that 32% report having been bullied, 27% have experienced anxiety, 21% have experienced psychological distress (depression or anxiety), 21% have experienced three or more adverse childhood experiences (ACEs), and 19% have experienced depression. These proportions have been relatively consistent across the OHYES survey years.

NSDUH 2017-2018 estimates of mental health indicators appearing in Figure 10 suggest that Ohio adults are largely like the US, where in the past year, 5% in both geographic areas experienced serious mental illness; 21% in Ohio and 19% in the US experienced any mental illness; 18% in Ohio and 15% in the US received mental health services; and 8% in Ohio and 7% in the US had a major depressive episode.

Figure 10. Adult (18+) Mental Health (NSDUH)

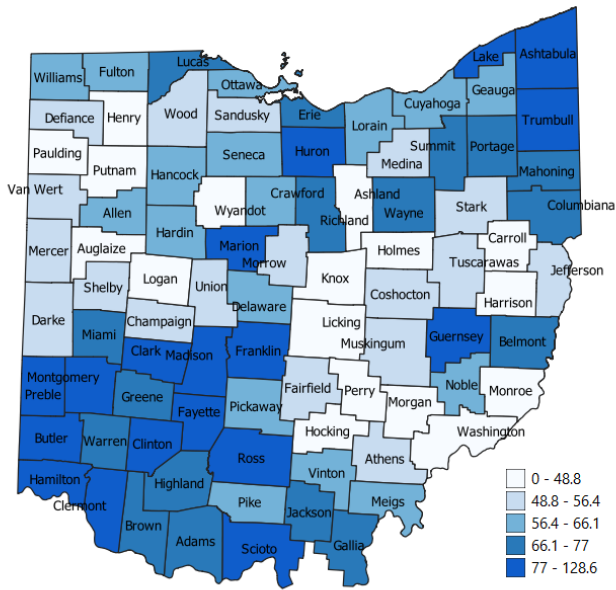
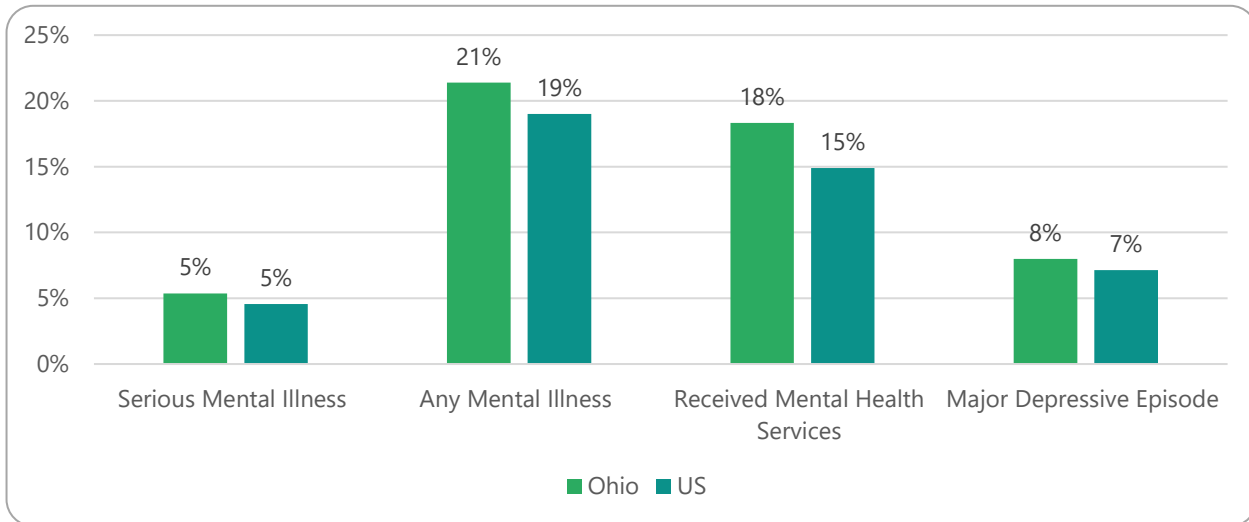
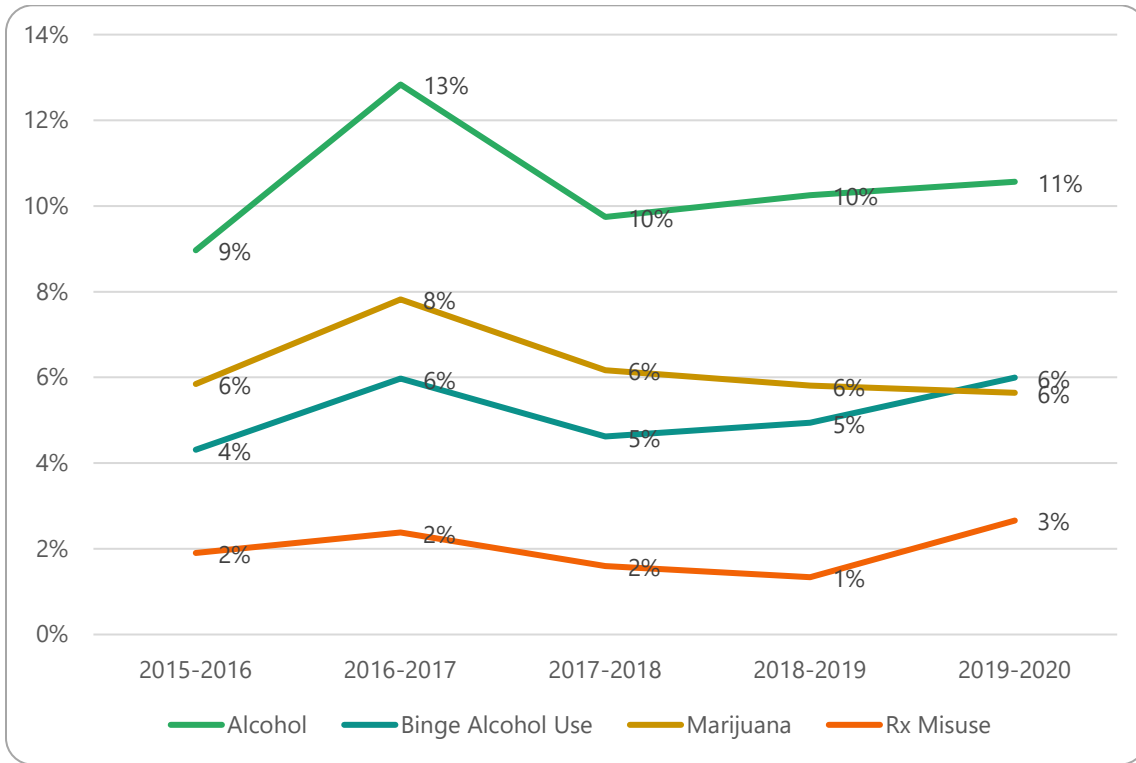


Figure 11. 2019-2020 Ohio Drug Overdoses per 10K Emergency Department Visits by County



Substance use disorders also represent those potentially in need of crisis services in Ohio. While relatively few data exist to examine the geographic distribution of substance use disorders, data available by county on drug overdoses per 10,000 visits to the emergency department suggest that the counties with the highest proportion of overdose emergency visits were those surrounding major metropolitan areas in Ohio.

Figure 12. Ohio Youth 30-Day Substance Use Indicators 2015-2020 (OHYES)



Youth in Ohio have been relatively consistent across years in their reported 30-day use of substances. As illustrated in Figure 12, in the 2019-2020 school year 11% used alcohol, 6% engaged in binge alcohol use, 6% used marijuana, and 3% misused prescription drugs.

Figure 13. Youth (12-17) Past Year Substance Use (2017-2018 NSDUH)

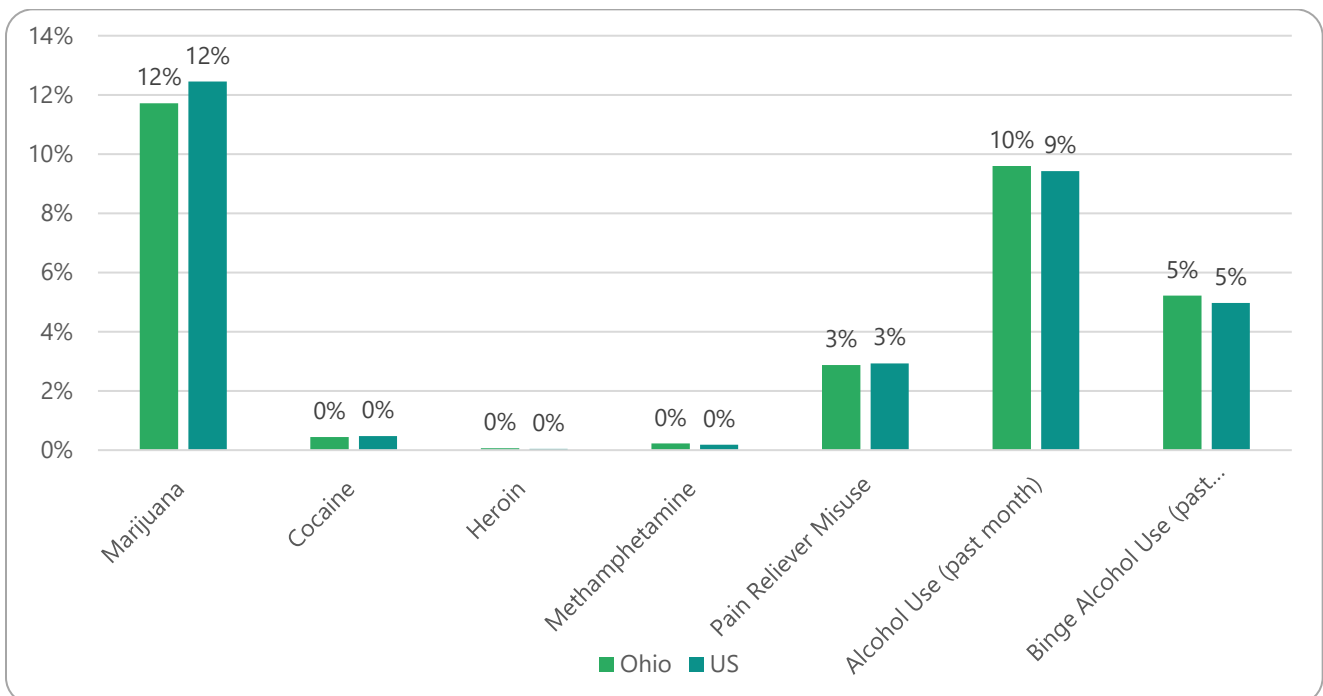
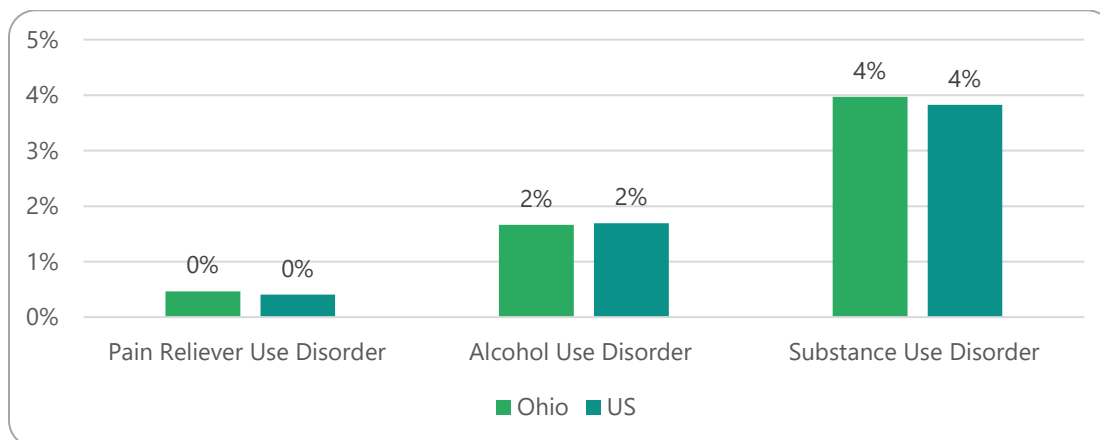


Figure 14. Youth (12-17) Past Year Substance Abuse (2017-2018 NSDUH)



Comparable data for Ohio and the US on youth substance use appear in Figures 13 and 14. Again, youth in Ohio and the US were similar, where youth in Ohio had low levels of past year use of marijuana (12%), cocaine (0%), heroin (0%), methamphetamines (0%), and pain reliever misuse (3%). Alcohol use was slightly higher with 10% of youth having used alcohol and 5% engaging in binge alcohol use in the past 30 days. Examining substance use disorders among youth in Ohio, they were again like the US, where in the past year a small percentage of Ohio youth had a pain reliever (0%), alcohol use (2%), or substance use (4%) disorder in the past year.

Figure 15. Adult (18+) Past Year Substance Use (2017-2018 NSDUH)

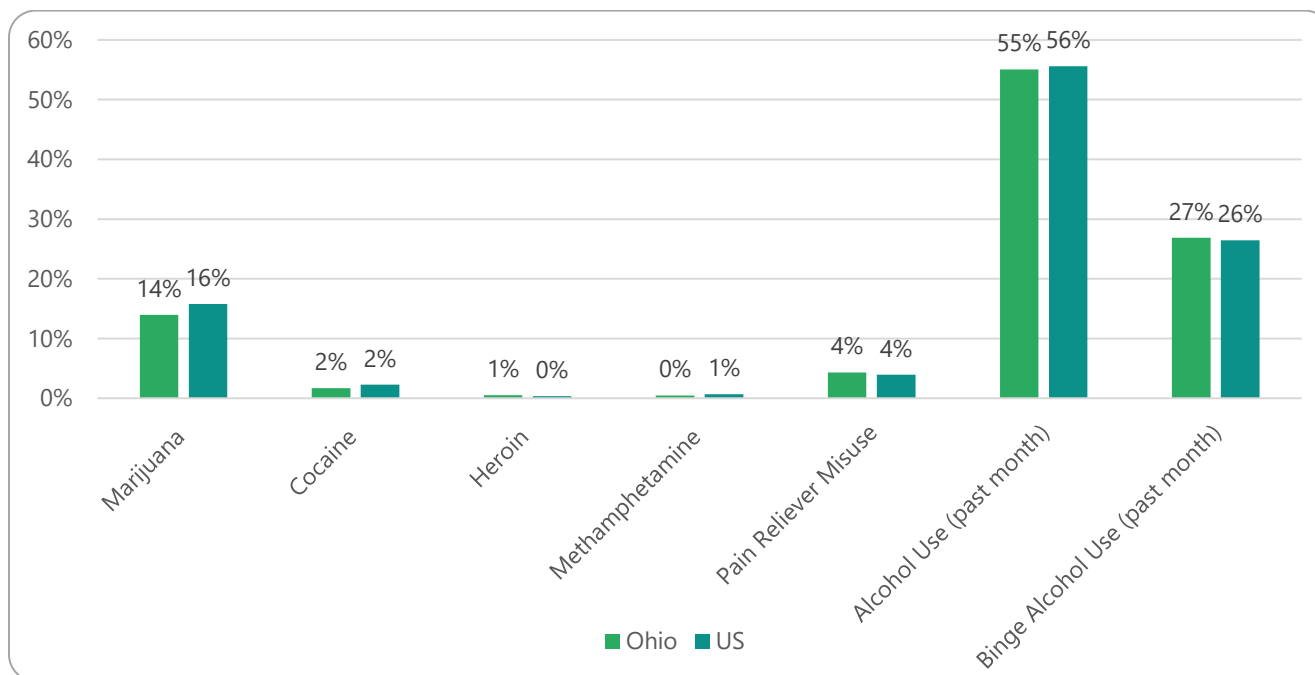
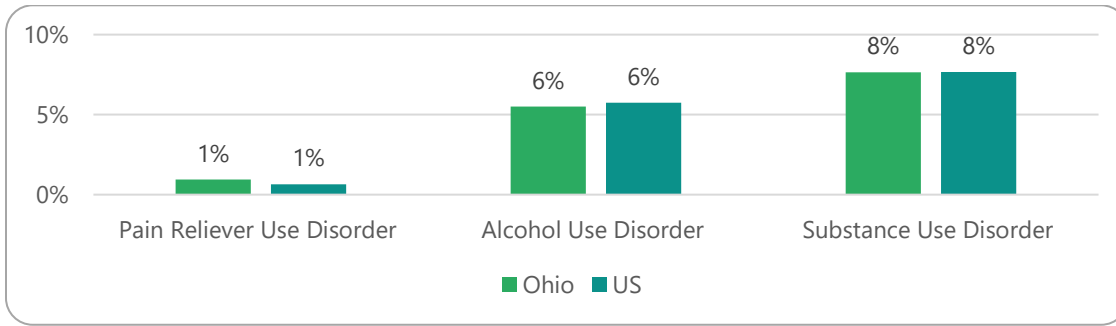


Figure 16. Adult (18+) Past Year Substance Abuse (2017-2018 NSDUH)



Similarly for adults in Figures 15 and 16, Ohio and the US were similar, where adults in Ohio had low levels of past year use of marijuana (14%), cocaine (2%), heroin (1%), methamphetamines (0%), and pain reliever misuse (4%). Alcohol use was much higher with 55% of adults having used alcohol and 27% engaging in binge alcohol use in the past 30 days. Both Ohio and the US were similar, where in the past year a small percentage of Ohio youth had a pain reliever (1%), alcohol use (6%), or any substance use (8%) disorder in the past year.

Mental Health Service Availability. One important aspect to consider is that earlier, less intensive services and interventions can prevent the use of crisis services, more intensive emergency services and unnecessary incarcerations. As such, it is important to examine capacity for providing mental health services in Ohio. Using data gathered from the County Alcohol, Drug Addiction and Mental Health Boards as part of the Crisis System transformation, we examined which counties had the following: (1) 23-hour Observation Level of Care, (2) CIT Officers (Crisis Intervention Team), (3) Crisis Hotline Services/Call Center, (4) Crisis Stabilization Unit, (5) Detoxification Services, (6) Level 1 Acute Care Psychiatric Inpatient, (7) Mobile Crisis Team/Children Mobile Response Stabilization, (8) Peer Crisis Support Services, (9) Respite, and (10) Short-Term Acute Residential Treatment. At this time, the current set of service definitions is also being updated as part of the state’s Crisis System transformation.

Figure 17. Percentage of 88 Ohio Counties Offering Specific Crisis Services

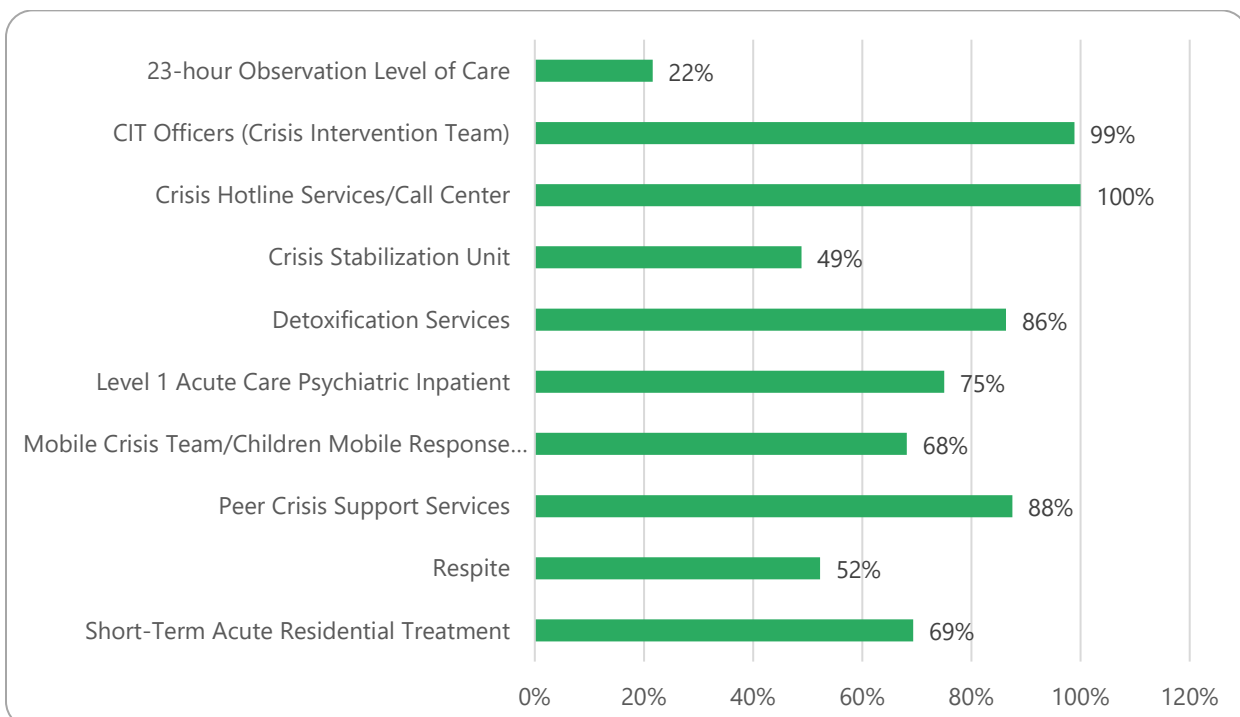
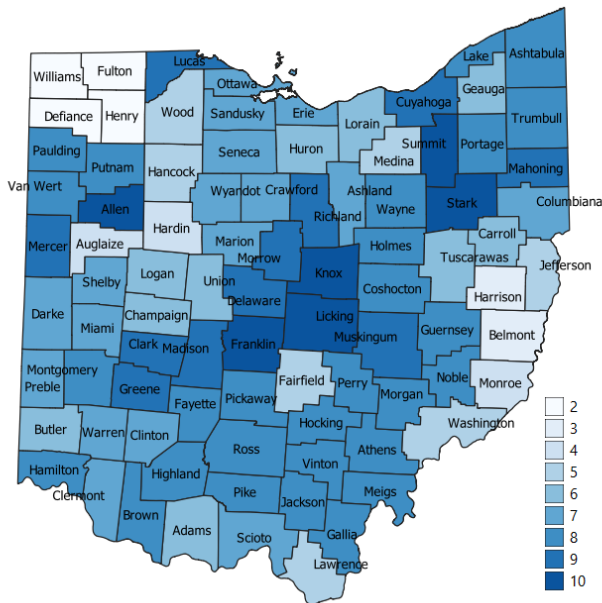


Figure 18. Count of Services (of 10) Offered by County



It is in this context that the Lifeline provides a critically important entry point into Ohio’s crisis care system. During the thirteen-month period from July 2020 to July 2021, a total of 54,602 contacts were made to the Lifeline via call, chat, or text. Of those contacts, 45,773 were answered by a certified Lifeline provider in Ohio, for an overall answer rate of 84%. A majority of the contacts to the Lifeline by Ohioans occurred via phone with a smaller proportion of chats and texts. Overall contact volume and answer rates fluctuated over the thirteen-month period but generally remained stable.

Ohio’s Lifeline provider network. Currently, a decentralized network of 13 approved Lifeline providers respond to Lifeline contacts in Ohio. Of those, two serve as backup providers for areas of the state. This soon will be enhanced with five additional providers who are in the process of becoming approved by Vibrant.

Funding. At present, Ohio’s Lifeline providers report receiving funding from a variety of federal, state, local and private funding sources. A majority of funding for Lifeline providers and for Lifeline call center operations comes from local sources, such as from the county Alcohol, Drug Addiction and Mental Health (ADAMH) boards, with additional state-level and federal funding for some Centers. There is not currently a dedicated state-level funding source for Lifeline providers or to support the Lifeline contacts’ responses. It is anticipated that this hybrid funding system will be continued and enhanced to support Ohio’s transition to 988.

Training and support for Lifeline Centers. Prior to the 988 planning grant, Ohio’s Lifeline providers participated in Vibrant-sponsored trainings and in trainings hosted by OhioMHAS and its partners. The 988 planning grant has provided opportunities and structures for additional training and support of Lifeline

centers and Lifeline operations in Ohio. Key supports added during the 988 planning grant include monthly training and support videoconferences with all Lifeline providers as well as 1-1 support and technical assistance from OhioMHAS staff and partners. These additional supports will be continued after the planning grant and beyond the transition to 988.

All ongoing training and community of practice efforts will be made available to ALL of Ohio's crisis care lines, regardless of whether or not they are Lifeline approved call centers. This level of expanded learning opportunities will help to ensure overall better clinical responses to callers in need and utilization of best practices in call center operations and caller engagement.

Technology and interoperability. Ohio's Lifeline Centers rely on locally-supported communication and information technology systems. This variety of systems and system capabilities at times has impacted Lifeline system performance and answer rates. Ohio's 988 planning process has included an in-depth technology assessment that is identifying immediate and longer-term technology needs related to communication and other technology systems. This assessment also is creating cost estimates at a provider level for both immediate and longer-term technology needs—an important first step in terms of identifying and preparing to make strategic investments in provider technology.

Crisis System Transformation and Task Force. As Ohio's Lifeline system plans for the transition to 988, it is important to note that Ohio's larger crisis care system is engaged in a wide-ranging planning and capacity development initiative. This initiative, which includes crisis system consultants and a crisis system task force, is designed to improve the availability, quality, and accessibility of crisis care across Ohio's 88 counties. Understanding Ohio's plan for the 988 transition requires understanding that the transition is occurring in a larger context of crisis care system transformation and capacity development. Many of the state's key leaders and advocates for suicide prevention, mental health and addiction crisis and people with lived experience in this transformational process are also actively part of the 988 implementation work. More on this overlap in the discussion of Core Area 5.

This Implementation Plan for 988 and the eight core planning areas below provide a comprehensive roadmap for Ohio's transition to 988 and responds to each of the key planning areas. However, it should be noted that there are three areas where additional information is needed for further planning

- Vibrant's national technology platform has not been chosen yet, limiting Ohio's ability to assess infrastructure development needs and associated financial impact including training and equipment.
- The national marketing plan for 988 is not finalized, limiting Ohio's ability to strategize marketing implementation and costs.
- Cost and utilization data is still being analyzed, and Ohio's actuarial analysis will be completed over the next quarter. Sustainable funding needs will be more fully represented in the final report due in January 2022.

Top state/territory priorities for change to prepare for 988 roll-out in July 2022

Priority #1: Build system capacity to ensure that 90% of Lifeline calls and 50% of Lifeline chats and texts can be answered in state by July 2022.

Priority #2: Ensure service quality is maximized through ongoing training and support and through the development and implementation of a shared web-based resource directory.

Priority #3: Ensure that all Ohio Lifeline providers have adequate high-speed internet access and up-to-date communication, documentation, and other technology systems.

Core Area 1: Ensure Statewide 24/7 Coverage for 988 Calls, Chats, and Texts

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Background: Current Situation, Gaps, Progress, and Proposed Approach: Statewide Coverage for 988 Contacts

Current system performance and coverage. System performance data and call metrics are closely monitored each month. Call metric data show that over 80% of calls from Ohioans are answered in state (current average=84%). Although call metrics vary by Lifeline provider and across months, the overall average is now consistently above 80%, which shows growth since the beginning of the planning period. Current coverage patterns suggest that a majority of Ohio counties do not currently have a primary or backup provider. However, the overall system performance suggests that more counties are covered by current Lifelines than officially documented as the primary and backup coverage for each county.

Coverage for Lifeline Calls. Strengths of Ohio's Lifeline system include that current Lifeline providers provide full 24/7 coverage for Lifeline calls and cover a variety of primary and backup service areas. Officially, current Ohio Lifeline centers provide full 24/7 coverage to 45 of the 88 counties in Ohio. Backup coverage is available from in-state Lifeline providers for a number of those counties. Appendix A highlights the primary and backup coverage as reflected in Vibrant's records. As noted above, despite these significant gaps in geographic coverage according to the data, between 80% and 84% of Lifeline calls from across Ohio are being answered in-state, suggesting that most calls are coming from areas with coverage and that in-state rollover may be occurring to other Ohio providers despite official coverage maps not showing it. At least one Lifeline provider in Ohio is reporting receiving calls from a county that they did not know they covered.

Coverage is a central concern in Ohio's 988 planning process. A number of Ohio crisis providers are currently in the application process or pending as Lifeline providers. As Ohio's network of Lifeline providers expands, geographic coverage should improve. In addition, the planning process also provides an opportunity to create a new coverage map for Ohio. Ohio's Careline, which was established by OhioMHAS in April 2020 to provide emotional support to Ohioans during the COVID-19 pandemic, has provided Ohio with experience building a network of providers to cover Careline calls and to ensure that coverage is statewide. This experience helps ensure that work to build full statewide coverage for 988 contacts is successful. In addition, upcoming enhancements to Lifeline systems that improve call geolocation will help callers reach local providers with greater consistency.

A coverage map detailing current coverage for Lifeline services accompanies this plan (see Appendix B). In addition, Ohio will be submitting a proposed revised coverage map in October-November, when it is better known when pending Centers may begin answering Lifeline contacts. This revised coverage map, coupled with planned work to identify a backup provider, will ensure that each county in Ohio has primary and backup coverage. At this time, additional information is needed from Vibrant to effectively revise the state's coverage map. A request was submitted in early September 2021 for a spreadsheet of the number of calls by area code and which provider answered the calls. These data are important to understanding coverage and gaps and also how to ensure that each Ohio county has primary and backup coverage.

Coverage has been an ongoing and important value in Ohio's 988 planning process. Ongoing discussion from Ohio's 988 Planning Committee has centered on how to increase coverage and also on how to monitor coverage and gaps in the future. This work is complemented by the statewide behavioral health crisis services

and call centers survey that is currently wrapping up. Data from this survey will explore coverage challenges in greater depth and will ensure that local perspectives are central to efforts to increase coverage.

Additional discussion by the 988 Planning Committee has focused on call rollover processes to backup providers, with Committee members noting that the rollover processes are different depending on the responding provider's service area. In some cases, a rollover in Ohio will be transferred to another Ohio Lifeline provider in a backup service arrangement, followed by another transfer to the national backup network when necessary. In other cases, a Lifeline contact could be routed to the national backup network without first going to another Ohio provider. This inconsistency suggests that additional work with Vibrant is needed to coordinate how backup/rollover processes operate across Ohio. In conjunction with the development of a new coverage map, planning is underway to identify a statewide backup provider.

In addition, mechanisms need to be developed to share and continually update local resources and referral sources to ensure that backup providers can refer callers to high quality resources that are local to the caller. Because it is necessary both for in-state and national backup providers to have access to state and local resources to support high quality real-time referrals to crisis and support services, planning also is underway to create and maintain a web-based resource for referrals. Ohio has dozens of additional non-Lifeline crisis lines and helplines in communities across the state. Elevating the service level of all helplines will be a benefit to any Ohioan who reaches out for help, regardless of what number the person calls. The intention of this resource will be to create a one-stop, regularly updated directory regardless of a person's needs at the time. Planning is also underway to identify a training and technical assistance provider to ensure that all centers are able to make warm handoffs to ensure ongoing connections to crisis service providers in Ohio's crisis care system. All the Lifeline providers are certified by OhioMHAS as behavioral healthcare providers, as are all the crisis system providers. They are part of the same service system. Extensive work is being done to ensure that 911 is also an immediate transfer call when needed.

Finally, technology intersects with coverage. Ohio's Lifeline/988 providers need full information and specifications for both Vibrant's current platform and its planned Unified Platform. This will ensure that Ohio Lifeline providers have sufficient technology and compatible communication and documentation systems to support their work in answering Lifeline/988 calls. Ohio Lifeline/988 providers also need more emphasis on true geolocation rather than area codes – so that Lifeline/988 callers can be quickly connected to the appropriate and the closest services, including connecting them to 911 when needed.

Lifeline Chats/Texts. With one exception, Ohio's Lifeline service providers do not currently provide text or chat services. The Lifeline chat platform is new, and a current challenge facing Ohio Lifeline providers is that they do not know whether a non-phone contact is a chat or a text. Providers also noted that there are different dynamics (and thus, different training and staffing needs) for chat/text interactions compared to phone calls to the Lifeline. People who are chatting are on a mobile device or sitting at a keyboard, while texting can have large delays between responses based on the texters' habits for returning texts. At this time, the national Lifeline routes chats and texts to the next available provider nationally. There is currently no way for the NSPL to send Ohio's chats and texts to an Ohio call center. The state's single current provider, Frontline, noted that this is a comparatively new area of work for them and that they currently have resources to support one staff person doing chat responses for four hours each day. According to Vibrant's state estimates, Frontline's current capacity is handling only 8% of Ohio's chat/text volume. However, it is important to note that the chats/texts that Frontline is responding to currently are not geolocated and may be coming from anywhere in the US.

Recently, Ohio Lifeline provider Coleman Professional Services decided to add coverage for chats/texts for four hours a day during peak call hours. This additional capacity should pick up approximately 8% more of the state's chat/text volume. The agency then intends to submit an application in response to Vibrant's planned

Request for Proposals this Fall, which could bring a further expansion of capacity for chats and texts, permitting the state to reach approximately one-third of the current capacity of chats/texts based on Vibrant’s estimates. At least one additional Lifeline provider of chats and texts will be needed in Ohio.

The Landscape Analysis workgroup noted that text and chat contacts are an important type of Lifeline crisis response but are challenging for providers related to training of staff and to knowing how to staff for these contact modalities. Frontline noted that text/chat interactions can be more intense and thus more challenging for staff; however, their experience so far is that chat/text is resulting in more active rescues. There is no quantitative data on this yet, but the workgroup speculated that these dynamics may be a result of chat/text having less interpersonal contact or connection than via phone-based contacts. Discussion also focused on whether a different population prefers chat/text over phone, young adults for example. These dynamics will continue to be explored as part of Ohio’s planning process for the 988 transition. If Vibrant has demographic data on chatters/texters, it would be helpful to have for planning purposes.

Successfully increasing Ohio’s capacity to respond to Lifeline chats and texts requires enhanced support from Vibrant. First, Ohio Lifeline providers will need to make sure they have the capacity and systems to access and utilize Vibrant’s chat/text platform PureConnect and to integrate that into their workflows and systems. Second, detailed information and specifications for both the current platform and Vibrant’s planned Unified Platform are needed to ensure that Ohio Lifeline providers have sufficient technology and compatible communication and documentation systems to support their work in answering Lifeline calls and chats. Third, service quality requires Ohioans reaching out to the Lifeline via chat and text to be connected to Ohio Lifeline providers. This localization of response ensures high quality linkages and referrals are made. Vibrant can support the capacity-building process by ensuring that chats and texts are geolocated.

Finally, given the importance of chat/text services, supplemental data collection is being planned to further explore barriers to offering chat and text services so that Ohio’s planning process for the 988 transition will ensure that chat/text accessibility increases.

Core Area 1: Statewide Coverage for 988 Contacts
Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)

Goal 1.1a: By 6/30/22, we will have ensured there is statewide 24/7 primary coverage by in-state Lifeline crisis centers for Lifeline/988 calls.

Personnel/Partners:

- Stacey Frohnapfel-Hasson, Chief, OhioMHAS Prevention Services
- Bobbie Boyer, Deputy Director, OhioMHAS Prevention Services
- Valerie Leach, Project Administrator, OhioMHAS Prevention Services
- Vibrant staff
- Ohio’s active and pending 988 providers

Goal 1.1a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Provide support and technical assistance to pending providers as they work with Vibrant to complete applications and receive approval to become approved Lifeline Centers.	10/1/2021	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Vibrant Valerie Leach, OhioMHAS <u>Partners:</u> Pending Lifeline providers

Action Steps	Start Date	Due Date	Lead and Partners
Provide support to newly approved providers as they onboard and begin taking calls.	10/1/2021	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnappel-Hasson, OhioMHAS Vibrant <u>Partners:</u> Pending Lifeline providers
Revise coverage area map	10/1/2021	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnappel-Hasson, OhioMHAS <u>Partners:</u> Lifeline providers; ADAMHS Boards, 988 Planning Committee
Submit revised coverage area map to Vibrant for review and approval	12/31/2021	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnappel-Hasson, OhioMHAS Vibrant <u>Partners:</u> Lifeline providers; 988 Planning Committee and workgroups.
Receive approval for revised coverage area map	1/28/2022	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnappel-Hasson, OhioMHAS Vibrant <u>Partners:</u> None
Identify and engage statewide backup provider	3/1/2022	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnappel-Hasson, OhioMHAS <u>Partners:</u> Lifeline providers; 988 Planning Committee
Implement revised coverage map	3/1/22	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnappel-Hasson, OhioMHAS Vibrant <u>Partners:</u> Lifeline providers; 988 Planning Committee

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Goal 1.1b By 6/30/22, we will have ensured there is 50% coverage for Lifeline/988 chat/text provided by in-state Lifeline centers. Meeting this goal will be contingent upon Vibrant implementing geolocation for Ohio’s chats and texts and adequate funding for capacity-building.

Personnel/Partners:

- Stacey Frohnappel-Hasson, Chief, OhioMHAS Prevention Services
- Bobbie Boyer, Deputy Director, OhioMHAS Prevention Services
- Vibrant staff
- Ohio’s active and pending 988 providers

Goal 1.1b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Work with Frontline Services to better understand current capacity challenges related to chats and texts and needs	6/1/2021	12/1/2021	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnappel-Hasson, OhioMHAS <u>Partners:</u> Pending Lifeline providers
Identify 2-3 other Lifeline providers to assist with answering chats and texts.	12/31/2021	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnappel-Hasson, OhioMHAS Vibrant

Action Steps	Start Date	Due Date	Lead and Partners
			<u>Partners:</u> Pending Lifeline providers
Provide training and technical assistance and create a learning community to support Lifeline providers who take chats and texts	12/1/2021	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS Vibrant <u>Partners:</u> Pending Lifeline providers
Monitor Ohio's emerging capacity to respond to incoming chats and texts and work with 988 Planning Committee to make any needed adjustments.	12/1/2021	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Planning Committee; 988 providers

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Core Area 1: Statewide Coverage for 988 Contacts
Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)

Goal 1.2a: By 6/30/23, we will establish processes and systems to monitor coverage by area code and geography to ensure that statewide 24/7 primary and backup coverage is maintained for every county by in-state Lifeline member crisis contact centers for 988 calls.

Personnel/Partners:

- Stacey Frohnapfel-Hasson, Chief, OhioMHAS Prevention Services
- Bobbie Boyer, Deputy Director, OhioMHAS Prevention Services
- OhioMHAS Planning & Outcomes and IT teams
- Vibrant staff

Goal 1.2a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Work with Vibrant to develop processes to receive area code and coverage data on a monthly basis.	6/1/2022	6/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> Vibrant
Create a dashboard or other short summary report of coverage for 988. Update dashboard or summary report on an ongoing basis.	6/1/2022	6/30/2023	<u>Leads:</u> OhioMHAS Planning and IT teams Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> Vibrant
Continue regular group and individual meetings with Ohio's Lifeline providers to discuss coverage and system performance.	6/1/2022	6/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 providers
Identify and problem solve any coverage challenges or provider issues.	6/1/2022	6/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> Vibrant

Goal 1.2b: By 6/30/23, we will have ensured there is 80% coverage for 988 crisis chats/texts provided by in-state Lifeline centers. Meeting this goal is contingent on Vibrant implementing geolocation for Ohio chats and texts and adequate funding for capacity-building.

Personnel/Partners:

- Stacey Frohnapfel-Hasson, Chief, OhioMHAS Prevention Services
- Bobbie Boyer, Deputy Director, OhioMHAS Prevention Services
- Ohio’s 988 providers
- Vibrant staff

Goal 1.2b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Monitor Ohio’s emerging capacity to respond to incoming chats and texts and proactively identify challenges or needs related to system capacity for 988 chats and texts.	6/1/2022	6/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee
Work with Ohio’s 988 Planning Committee and providers to solution-find and to identify any needed adjustments to ensure Ohio has system capacity to respond to 80% of chats and texts from Ohioans.	6/1/2022	6/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee
Identify 988 providers (if needed) either to onboard or to add capacity for 988 chats and texts.	6/1/2022	6/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee
Identify and engage supports for new providers or for existing providers adding chat and text features including support, technical assistance and coaching. Network these providers to fellow providers already answering 988 chats and texts.	6/1/2022	6/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Core Area 2: Secure Adequate, Diversified, and Sustained Funding Streams for Lifeline Member Centers

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Background: Current Situation, Gaps, Progress, and Proposed Approach: Adequate and Diversified Funding for Lifeline Centers

A key planning value for Ohio's planning process has been to identify and secure diversified and sustainable funding for Lifeline centers that will answer 988 calls, chats, and texts. These efforts have focused on meeting the two recommended milestones related to funding for the 988 transition:

- 1) By the end of Phase 1 (6/30/22), (a) identify dedicated funding in place to help support Ohio Lifeline centers in handling 988 crisis contacts and follow-up calls in meeting the increased volume/costs in the early months of 988; and (b) develop a plan to leverage funding and partnerships to support the full projected costs of handling 988/Lifeline contacts and providing follow-up.
- 2) By the end of Phase 2 (6/30/23), secure and sustain a diversified set of funding sources to support Ohio's Lifeline centers in effectively handling 988 crisis contacts and follow-up calls, including expected year-over-year volume increases.

Ohio is a home rule state and while funding work remains underway at the time of submission of this draft plan, it is important to note that Ohio's 988 funding plan is likely to be a hybrid system that includes a mixture of local, state, federal, and private funding. This will be similar to how Ohio's 911 system is funded, with approximately 50% of 911 costs coming from local communities. Finally, it is important to acknowledge that while Ohio is very supportive of 988 and that 988 calls, chats, and texts are a central and vital part of Ohio's crisis services system, the transition to 988 and the expectation of fully funding the system is an unfunded mandate from the federal government. While some federal resources have been earmarked for crisis services, the expanded need for 988 related to COVID-19 and anticipated call volume increases, as well as service response increases means that funds are inadequate to achieve the capacity growth anticipated. That said, some levels of funding have been identified to support 988 transition and capacity needs. These include Mental Health Block Grant annual funds, COVID Relief, and American Rescue Plan dollars. Ohio's state operating budget timeline is based on two-year biennium budgets. This is the first year of the SFY 2022-23 biennium, meaning a new state budget will not be passed until approximately June 2023. The state will consider the SFY 2024-25 biennial budget as a funding opportunity for 988.

Current funding amounts and funding streams. The landscape data is critical to understanding Ohio's current situation related to funding its network of Lifeline/988 providers, as well as gaps in current funding streams. At present, Ohio has a decentralized network of 13 certified Lifeline providers responding to Lifeline contacts in Ohio. Of those, two serve as backup providers for some areas of the state. This soon will be enhanced with five additional providers who are in the process of onboarding with Vibrant. Currently, the ten Lifeline providers who provided funding data on the Landscape Analysis have a combined annual budget of \$12,180,500. Of this funding, the vast majority is used to support crisis services, with call center budgets for Lifeline contacts comprising 8% of the total annual budget. This 8% translates to a total of \$1,010,000 for the 10 responding Centers and an estimated total of \$1,313,000 for the 13 active Centers. The table below provides a breakdown of funding amounts and sources for each of Ohio's Lifeline Centers. It should be noted that Ohio's Lifeline Centers have funding from a variety of federal, state, and local funding sources; the

largest source of funding comes from local sources, including levy dollars raised by many but not all local communities.

Table 1. Lifeline Centers, Funding Amounts, Funding Sources, and Services

Lifeline Center	Total Funding for Lifeline Calls, Chats, & Texts	Funding Sources	Services Supported by Funding
Clermont County Crisis Hotline	\$200,000	Local*, private	Calls
Coleman Professional Services	\$10,000	Federal, state, local, private	Calls
Frontline Services	\$80,000	Local	Calls, chats, texts
Helpline of Delaware and Morrow Counties	\$160,000	Local, private	Calls
Mental Health Crisis Hotline (Sojourner Recovery)	\$80,000	Not reported	Calls
North Central Mental Health Services	\$10,000	Private	Calls
Pathways of Central Ohio	\$10,000	Private	Calls
Rescue Incorporated	\$199,000	Local, private	Calls
Talbert House	\$250,000	Private	Calls
The Nord Center	\$11,000	Private	Calls
Average	\$101,000	----	Calls

*Funding sources listed as “local” will include funds from the County ADAMH Board that receives a significant portion of its funding from the OhioMHAS, which is a combination of state and federal funding passed through to the Boards to help support the community behavioral health system of care.

**The remaining three Ohio Lifeline centers did not report funding streams for Lifeline contacts or did not have capacity to separate those costs from the Center’s overall budget.

This table highlights that Lifeline calls, chats, and texts are being answered by Ohio Lifeline providers with very limited budgets. This discussion of existing funding amounts and funding streams intersects with call metrics. As discussed in a previous section, while call metrics vary over time and by provider, Ohio’s overall system performance for calls has increased to an average of 84% of calls being answered in-state. Vibrant reports that Ohio currently has capacity to answer only 8% of the chats and texts made by Ohioans. Ohio is committed to identifying additional chat and text providers, as well as funding streams to support their work. Vibrant can support this capacity enhancement for chats and texts by ensuring that chats and texts are geolocated to ensure that Ohioans contacting the Lifeline through these modalities are being connected with Ohio crisis care resources in the immediate area of the caller when possible.

Projected funding needs and costs. In May 2021, Vibrant created a cost and volume report for Ohio. This report focused on projected volume increases from the 988 transition as well as projected costs. Vibrant’s projected volume for Ohio included 196,600 inbound and outbound calls, chats, and texts and its projected costs for Ohio’s system (independent model) totaled \$45,626,202 in Year 1. In partnership with the Pacific Institute for Research and Evaluation, the 988 Planning Committee, and the 988 Needs Assessment Workgroup, Ohio has created a revised cost model for Ohio’s transition to 988.

The first component of Ohio’s cost model is projected volume. Ohio’s needs assessment team analyzed 13 months of data from Vibrant as well as its technical documents on projecting increases from the 988 transition. Our model is based on an average of actual current volume from Aug 2020-July 2021 + 7%. In addition, it is estimated that of 6.5M 911 calls (NASNA, 2020), 8% are mental health calls, and 8% of these may be diverted to 988 (Vibrant, 2020). We examined Ohio 911 volume and call type data to understand the proportion of calls that are mental health-related and thus may be diverted to 988. This modeling added an additional 41,402 inbound calls to the Ohio volume model. In addition, in 2020 OhioMHAS established the Ohio Careline as a support for Ohioans during the pandemic. Examining volume and call type data for the

Careline, we project that call diversion from the Ohio Careline could add an additional 7,650 inbound calls to the 988 volume per year. This model, which is detailed in Table 2, yields a projected total of 179,015 contacts by Ohioans in the first year of 988 operation.

It should be noted that the current projections are based on current actual utilization of the Lifeline and related services. During the period between submission of this draft Plan and submission of the final plan, Ohio’s 988 planning team is exploring data on call volumes from non-Lifeline lines and looking at national estimates of potential volume as serviceable populations are better engaged as part of the 988 transition.

Vibrant’s model for an independent network of 988 call centers has an overall cost per contact of \$232.08. This cost per contact is too high and assumes that the centers are focused solely on answering 988 contacts, meaning that all direct and overhead costs must be apportioned to the 988 system. This approach does not reflect the reality of Ohio’s system because most Lifeline providers either are co-located with a crisis center (allowing overhead and management costs to be shared) or answer contacts from multiple hotlines (again allowing for shared overhead and management costs). In addition, the salary levels and credential requirements in Vibrant’s model are higher than those in use by Ohio Lifeline centers. Salary levels for provider staff answering 988 calls in Ohio need to be increased and initial work is beginning on this with providers. Ohio’s cost model for the 988 transition is based on an average cost per call metric that was calculated from actual data collected from each Ohio Lifeline Center. These data suggest that an average cost per inbound call is \$46, the average cost for an outbound call is \$29, the average cost of a Lifeline chat is \$77, and the average cost of a Lifeline text contact is \$43. Multiplying the projected cost per contact by the adjusted volume-based estimates yields a projected operating cost of \$8,037,511 in Year 1.

Table 2. Ohio’s Year 1 988 Transition Cost and Volume Projections

	Volume		Cost	
	Vibrant Estimate	Current Volume-Based Estimate	CPC	CPC x Volume
Inbound	111,500	134,942	\$46	\$6,207,332
Outbound	5,600	30,497	\$29	\$162,400
Chats	75,100	10,647	\$77	\$819,819
Texts	4,400	2,929	\$43	\$125,947
Total	196,600	179,015	-	\$8,037,511

This cost model remains in process. Key areas of work to be completed by the time a final plan is submitted include a detailed technology assessment that involves one-on-one work with each provider to understand current technology needs and costs as well as replacement costs when existing systems reach the end of their lifespans. This assessment is collecting detailed information (including equipment model numbers, network configurations, existing communications system diagrams, and organizational charts) from each provider to fully understand current technology needs and the costs of ameliorating those needs. This technology assessment has taken more time than anticipated due to a number of Ohio providers beginning communications and other technology upgrades prior to guidance from Vibrant to pause all such upgrades and replacements.

Ohio’s Landscape Analysis also found that active centers felt that significant increases in volume would require additional staff. Because the costs above are indexed to actual cost per call metrics, the model captures the cost of additional call-related staff that would be needed to answer an increased volume of contacts. We can assume as well that additional management and/or supervisory staff may be needed, and we are working with each provider to understand the number of non-call staff needed to handle the projected volume. Those costs will be included in our final cost model.

Additional components that are being worked on related to the cost model include: identifying and engaging a statewide training provider to support service quality, creating a web-based resource directory, and funding a marketing campaign to build 988 awareness and utilization of 988.

Finally, Ohio has engaged a specialized consulting firm to review the cost model and projections using actuarial principles to ensure that Ohio’s cost model and projections are as accurate as possible.

Vibrant’s model assumes that the 988 system will grow year-over-year and proposes three scenarios for that growth: a low model with 1% annual growth, a medium model with 4% annual growth, and a high model with 7% growth. Because there is not yet enough data to understand which scenario is most realistic, we looked at costs in the base year through year five of 988 operation. Costs at year five were \$7.6M for a 1% annual increase, \$8.6M for a 4% annual increase, and \$9.6M for a 7% annual increase. Table 3 presents these escalated cost projections.

Table 3. Operating Cost Projections

Annual Increase	Year 1	Year 2	Year 3	Year 4	Year 5
1%	\$8,037,511	\$8,117,886	\$8,199,065	\$8,281,056	\$8,363,866
4%	\$8,037,511	\$8,359,011	\$8,693,372	\$9,041,107	\$9,402,751
7%	\$8,037,511	\$8,600,137	\$9,202,146	\$9,846,297	\$10,535,537

Gap in funding for period 1. A key strength of Ohio’s current Lifeline system is that it is achieving an overall 84% answer rate with very limited funding of \$1,313,000 for Ohio’s current volume of 54,602 phone, chat, and text contacts between July 2020 and July 2021. Subtracting the existing funding from the projected year 1 operating cost of \$7,315,498 results in a projected funding gap of \$6,002,498 for year 1 of 988. The gap reported above in this draft plan does not include impacts from increasing salary levels of provider staff. These data will be updated for the final plan.

Progress to date. The sections above highlight the work that has been completed to date, including the development of an operating cost model that better reflects the context and structure of Ohio’s Lifeline system. Additional aspects of the cost model, including estimating costs of a web-based resource directory, are in progress and will be completed by the time the final plan is submitted to Vibrant. Ohio’s engagement of a specialized consulting firm to review cost and volume projections using actuarial principles will help Ohio ensure that cost projections and models are as accurate as possible.

During the planning period, Ohio and the 988 Planning Committee have worked intensively to identify diversified and sustainable strategies to support the 988 transition and the projected increase in calls, chats, and texts. As required in the instructions for this Plan, each of the six possible strategies is discussed below. It should be noted that possible funding strategies for 988 are being explored in the context of work to expand and enhance Ohio’s larger crisis services system and in the context of Ohio moving toward next-gen 911 services in the next budget biennium. As noted above, Ohio is a home rule state and funds 911 and similar services through a hybrid funding approach that includes significant local funding. This hybrid approach is likely to be a feature of Ohio’s 988 funding streams. A brief discussion of work on each of the funding strategies follows below.

988 funding strategies being explored. Although Ohio does not yet have a diversified and sustainable funding stream in place to support 988 services, significant work has been completed during the planning process. Brief updates on each of the funding streams noted in the Plan instructions follow below.

1. *Raising 988 related fees from telecommunication users.* Ohio’s General Assembly has been in discussions about creating legislation to increase telecommunication fees as one mechanism for funding 988 in Ohio. It is anticipated that additional work on this may occur when the General Assembly begins its fall session.
2. *Medicaid reimbursements.* Ohio’s Department of Medicaid has been an active partner in the 988 planning process over the last six months. However, high demand by Ohioans for existing Medicaid funding makes it unlikely that Medicaid administrative funding will become a significant feature of Ohio’s 988 funding system.
3. *Mental health block grant funds.* The possibility of using mental health block grant funds to support 988 is under active discussion.
4. *Direct engagement with State legislative budget committees for 988-specific funding.* As noted above, Committees of Ohio’s General Assembly have engaged on this issue and are currently discussing 988 funding. Because these discussions are ongoing, additional information may be available to be included in the final Plan.
5. *SFY 2024-25 Ohio Biennial Operating Budget.* As noted, Ohio will consider the possibility of including funding for 988 growth and operating needs in the next state biennial operating budget, which will not be passed until approximately June 2023.
6. *Partnerships with stakeholder groups who may have the ability to contribute to 988 resources (e.g. United Way/211, private insurers, hospitals, philanthropic organizations).* Ohio has taken a partnership approach to planning for 988 implementation and will continue to engage these stakeholder groups as partners in the crisis care system. It is unlikely that they will contribute significant funding for answering 988 calls, chats, and texts as their efforts to date have focused on support for providing crisis services. However, these partnerships are important and will be pursued as hospitals and private insurers, etc. benefit from broad access to effective crisis diversion services. Local funders can be incentivized to invest in capacity building.
7. *Other sources Ohio has identified.* Ohio is exploring the possibility of using funding from the American Rescue Plan Act (ARPA) to support immediate technology needs and to provide some state-level support for 988 operations during the first year of operation. Discussion of this possibility remains ongoing at the time of submission of this draft Plan.

Core Area 2: Adequate and Diversified Funding for Lifeline Centers
Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)

Goal 2.1a: By June 30, 2022 Ohio will identify at least one federal or state-level funding stream to help support the operations and technology need of Ohio’s 988 centers.

Personnel/Partners:

- Stacey Frohnappel-Hasson, Chief, OhioMHAS Prevention Services
- Bobbie Boyer, Deputy Director, OhioMHAS Prevention Services
- Pacific Institute for Research and Evaluation, 988 Needs Assessment Lead
- Actuarial consulting team
- Ohio Governor’s Office
- Ohio General Assembly
- Ohio’s 988 providers
- Vibrant staff

Goal 2.1a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Finalize cost and volume estimates and funding gap for year 1.	10/1/2021	12/1/2021	<u>Leads:</u> Pacific Institute for Research and Evaluation; Bobbie Boyer, OhioMHAS <u>Stacey Frohnapfel-Hasson, OhioMHAS</u> <u>Partners:</u> 988 Providers; 988 Planning Committee
Review available federal and state-level funding streams for startup funding.	10/1/2021	12/1/2021	<u>Leads:</u> Pacific Institute for Research and Evaluation; Bobbie Boyer, OhioMHAS <u>Stacey Frohnapfel-Hasson, OhioMHAS</u> <u>Partners:</u> 988 Providers; 988 Planning Committee; Ohio Governor’s Office; Ohio General Assembly.
Leverage at least one federal or state funding stream to support the operations of 988 centers.	10/1/2021	12/1/2021	<u>Leads:</u> Bobbie Boyer, OhioMHAS <u>Stacey Frohnapfel-Hasson, OhioMHAS</u> <u>Partners:</u> 988 Providers; 988 Planning Committee; Ohio Governor’s Office; Ohio General Assembly.
Engage partners in ongoing discussions of potential additional funding from local and/or private sources. All partners will be needed to make the system functional, just like 911. Every partner will be asked to identify how they will benefit and how they can contribute.	10/1/2021	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS <u>Stacey Frohnapfel-Hasson, OhioMHAS</u> <u>Partners:</u> 988 Providers; 988 Planning Committee; Ohio Governor’s Office; Ohio General Assembly.
Update cost analysis and funding gap analysis as funding streams are identified and leveraged	10/1/2021	6/30/2022	<u>Leads:</u> Pacific Institute for Research and Evaluation; Bobbie Boyer, OhioMHAS <u>Stacey Frohnapfel-Hasson, OhioMHAS</u> <u>Partners:</u> 988 Providers; 988 Planning Committee; Ohio Governor’s Office; Ohio General Assembly.
Once additional/dedicated funding streams from federal, state, local and/or private sources are identified, begin work to sustain the funding streams.	10/1/2021	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS <u>Stacey Frohnapfel-Hasson, OhioMHAS</u> <u>Partners:</u> 988 Providers; 988 Planning Committee; Ohio Governor’s Office; Ohio General Assembly.

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Core Area 2: Adequate and Diversified Funding for Lifeline Centers
Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)

Goal 2.2a: Identify and sustain a wider, more diversified mixture of federal, state, and local funding options for the 988 system in year 2 and beyond.

Personnel/Partners:

- Stacey Frohnapfel-Hasson, Chief, OhioMHAS Prevention Services
- Bobbie Boyer, Deputy Director, OhioMHAS Prevention Services
- Pacific Institute for Research and Evaluation, 988 Needs Assessment Lead
- Actuarial consulting team
- Ohio Governor’s Office
- Ohio General Assembly
- Ohio’s 988 providers

Goal 2.2a Actions Steps

Action Steps	Start Date	Due Date	Lead and Partners
Review Year 1 988 system volume and revise cost and volume estimates using actual Year 1 system performance.	7/1/2022	12/30/2022	<u>Leads:</u> Pacific Institute for Research and Evaluation; Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee
Review federal and state-level funding streams that are in place for the 988 system and identify existing or new funding gaps.	7/1/2022	12/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee; Ohio Governor’s Office; Ohio General Assembly.
Review available federal and state-level funding streams for continued 988 system funding.	7/1/2022	12/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee; Ohio Governor’s Office; Ohio General Assembly.
Leverage additional federal or state funding stream to support the operations of 988 centers.	7/1/2022	12/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee; Ohio Governor’s Office; Ohio General Assembly.
Continue to engage partners in discussions about potential additional funding from local and/or private sources.	7/1/2022	6/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee; Ohio Governor’s Office; Ohio General Assembly.
Continue work to sustain dedicated and shared funding sources for 988 calls, chats, and texts.	10/1/2021	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee; Ohio Governor’s Office; Ohio General Assembly.

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

- Not at all certain Somewhat certain Moderately certain Very certain Completely certain
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Core Area 3: Expand and Sustain Center Capacity to Maintain Target In-State/Territory Answer Rates for Current and Projected Call, Text, and Chat Volume

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Background: Current Situation, Gaps, Progress, and Proposed Approach: Capacity for Target In-State/Territory Answer Rates

As described in Core Area #1, Ohio currently has 13 active Lifeline providers who provide 24/7 coverage for Lifeline calls. One Ohio provider currently provides limited coverage for chats and texts coming into Ohio, with an estimated capacity rate of 8% of the volume of chats/texts from Ohioans. Overall system performance data and call metrics for Ohio's Lifeline providers are closely monitored each month. Call metric data for the period of July 2020 to July 2021 show that 84% of calls from Ohioans are answered in state by Ohio's Lifeline providers. Although call metrics vary by Lifeline provider and across months, the overall average is now consistently above 80%, which shows growth since the beginning of the planning period.

Work on Core Area #3 is focused on increasing Ohio's capacity to answer Lifeline/988 calls, chats, and texts in-state. This work will help Ohio meet the two milestones for Core Area #3:

- **Phase 1:** By 6/30/22, Ohio will have maintained an 80% or higher in-state answer rate for Lifeline calls.
- **Phase 2:** By 6/30/23, Ohio will have achieved and maintained a 90% or higher in-state answer rate for Lifeline/988 calls.

Ohio will utilize three primary strategies to sustain its current answer rate in period #1 and to achieve and sustain a 90% answer rate or greater in period #2 (7/1/22-6/30/23):

1. Creating a new coverage map for Ohio that expands existing Lifeline center coverage;
2. Identify diversified and sustainable funding streams to support existing call centers and to assist them in increasing their capacities and coverage areas and contact modalities (to include chat/text); and
3. Providing support and technical assistance to five new centers as they complete the Vibrant onboarding process and transition from pending to active providers.

According to NSPL call volume data, during Jan-March 2021, 94% of calls from Ohioans to Lifelines were answered in state. During this period, there was a total of 12,787 contacts to the Lifeline by Ohioans, with 9,282 of those contacts being phone calls. Calls from eight Ohio counties had in-state answer rates below 80% for this quarter, while calls from 54 counties had 80% or higher in state answer rates. Another 26 counties had no call data reported for this quarter, meaning that Lifeline services were not utilized by residents of those counties.

Maintaining Ohio's overall/12-month in-state answer rate of 84% and the first-quarter answer rate of 94% brings both challenges and opportunities. During the planning period, OhioMHAS has worked closely with each Lifeline provider to review their call metrics and to discuss operational and volume challenges that the provider may be experiencing. This discussion has allowed for collaborative solution-finding and has helped ensure that Ohio's answer rate has increased during the planning period. Monthly learning community calls with Ohio's Lifeline providers have reinforced learning and growth from the 1-1 calls and have allowed Ohio's

network of providers to build strong cross-center working relationships and to engage in shared solution finding for challenges that arise.

As described in previous sections, the transition to 988 and resulting volume increases will challenge Ohio's Lifeline providers to maintain an answer rate of at least 80%. Likely challenges relate generally to coverage and capacity limitations in Ohio's current system and mean that Ohio will need to engage with Vibrant, current Lifeline providers, and pending Lifeline providers to ensure that Ohio has the capacity and coverage needed to maintain answer rates. This includes supporting current pending providers to help ensure they complete Vibrant's onboarding process, working with current providers to expand their primary and/or backup coverage areas, re-drawing Ohio's coverage map to ensure that all 88 Ohio counties have primary and backup coverage, identifying and engaging a statewide backup provider, and addressing immediate and longer-term technology issues to ensure that all Ohio Lifeline providers have adequate internet connectivity, communication systems, and documentation systems to answer Lifeline/988 calls effectively. It should also be acknowledged that maintaining an answer rate of at least 80% with projected Year 1 volume increases requires additional short-term funding as well as identifying and leveraging a diversified and sustainable set of federal, state, and local funding streams.

Phase 1: Counties with the lowest answer rates: Although there currently are eight counties with in-state answer rates of less than 80%, the five counties with the lowest in-state answer rates were Hardin (55% of calls answered in state), Allen (57%), Ashtabula (74%), Delaware (75%), and Geauga (77%). The challenges experienced by these counties generally result from capacity limitations of current providers. The low answer rates in these counties present Ohio with an important opportunity because increasing the answer rate in these five counties can have a significant positive impact on Ohio's overall answer rate. Increasing the answer rate in these five counties also can help Ohio both maintain its current answer rates in the first year of 988 and may help Ohio reach the benchmark of a 90% in-state answer rate by June 30, 2023. While this opportunity will be realized in part through working with providers in these counties to develop solutions for capacity challenges they may be experiencing, system capacity will increase as pending Lifeline providers complete the onboarding process, as the coverage map is revised, and as Ohio works to identify and engage a statewide backup provider.

Phase 2: Counties with the lowest answer rates: Ohio's projected call volume for year 1 of 988 implementation (between 7/1/2022 and 6/30/2023) is projected to be 134,942 inbound calls, 10,647 chats, and 2,929 texts. This is a significant increase from current 2021 volume. These projections include potential volume from 911 diversion and diversion from the Ohio CareLine and will be monitored on a monthly basis as volume and cost are inextricably linked to answer rates. We also are exploring volume from non-Lifeline calls. At this time, it is not known which counties will have the lowest answer rate for period 2 (between 7/1/2022 and 6/30/2023). This data will be monitored on a monthly basis and counties and centers with answer rates below 90% will receive coaching and technical assistance, and support navigating challenges to help them reach and maintain a 90% answer rate. As described in the sections above, reaching and maintaining a 90% answer rate will require that Ohio's system capacity increases through the pending providers completing the onboarding process, through the implementation of a revised coverage map, and through the identification and engagement of a statewide backup provider. Increasing system capacity will require leveraging a diversified, dedicated, and sustainable set of funding streams for the 988 system.

Core Area 3: Capacity for Target In-State/Territory Answer Rates

Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)

Goal 3.1a: Pending providers will complete onboarding process to increase provider capacity to respond to 988 calls, chats, and texts.

Personnel/Partners:

- Stacey Frohnapfel-Hasson, Chief, OhioMHAS Prevention Services
- Bobbie Boyer, Deputy Director, OhioMHAS Prevention Services
- Ohio’s pending Lifeline/988 providers
- Vibrant staff

Goal 3.1a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Meet with pending providers to discuss application status, progress, and center-level planning for onboarding.	10/1/2021	12/30/2021	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Pending Providers; Vibrant
Meet regularly with Vibrant to identify and discuss pending provider application progress.	10/1/2021	12/30/2021	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Pending Providers; Vibrant
Constructively problem solve any challenges that arise with the onboarding process.	10/1/2021	12/30/2021	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Pending Providers; Vibrant
Provide support and technical assistance to pending providers as they begin to take Lifeline/988 calls.	10/1/2021	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Pending Providers; Vibrant
Monitor progress and performance of new Lifeline/988 providers as they begin to take Lifeline/988 calls.	10/1/2021	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Pending Providers; Vibrant

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

- Not at all certain Somewhat certain Moderately certain Very certain Completely certain
-

Goal 3.1b: By June 30, 2022, Ohio will develop (and Vibrant will approve) a new Lifeline/988 coverage map that will ensure that there is primary and backup coverage in each of Ohio’s 88 counties.

Personnel/Partners:

- Stacey Frohnapfel-Hasson, Chief, OhioMHAS Prevention Services
- Bobbie Boyer, Deputy Director, OhioMHAS Prevention Services
- 988 Planning Committee
- 988 Providers
- Vibrant staff

Goal 3.1b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Meet with pending providers to discuss application status, progress, and center-level planning for onboarding.	10/1/2021	12/30/2021	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; Vibrant
Work individually with each Lifeline/988 provider to review existing primary and backup coverage areas and to discuss any possible changes or expansions that will help ensure full statewide 24/7 coverage.	10/1/2021	12/30/2021	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; Vibrant

Action Steps	Start Date	Due Date	Lead and Partners
Identify any remaining gaps and work to engage Ohio's provider network in identifying solutions to meet those gaps.	10/1/2021	12/30/2021	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; Vibrant
Identify any remaining gaps and work to engage Ohio's provider network in identifying solutions to meet those gaps.	10/1/2021	12/30/2021	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; Vibrant
Develop new primary and backup coverage map, review with Lifeline/988 providers, finalize, and submit to Vibrant.	12/1/2021	12/30/2021	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; Vibrant
Receive approval from Vibrant for new primary and backup coverage map	1/28/2022	1/15/2022	<u>Leads:</u> Vibrant; Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers
Implement approved new coverage map.	3/1/2022	6/30/2022	<u>Leads:</u> Vibrant; Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers
Monitor system performance, proactively identify any challenges, and solution find as needed to ensure answer rate is maintained and a 90% answer rate is achieved by 6/30/22.	4/1/2022	6/30/2022	<u>Leads:</u> Vibrant; Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Goal 3.1c: By June 30, 2022, Ohio will have formalized structures to review answer rates and to provide 1-1 feedback to and support for providers when challenges arise.

Personnel/Partners:

- Stacey Frohnapfel-Hasson, Chief, OhioMHAS Prevention Services
- Bobbie Boyer, Deputy Director, OhioMHAS Prevention Services
- 988 Planning Committee
- 988 Providers
- Vibrant staff

Goal 3.1c Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Work with Vibrant to get data elements needed to monitor system performance (including area code data) and in partnership with Vibrant develop schedule for receiving those performance elements.	10/1/2021	6/30/2022	<u>Leads:</u> Vibrant; Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers
Administratively monitor system performance, proactively identify any challenges, and solution find as needed to ensure answer rate is maintained and a 90% answer rate is achieved by 6/30/22.	10/1/2021	6/30/2022	<u>Leads:</u> Vibrant; Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers

Action Steps	Start Date	Due Date	Lead and Partners
Convene workgroup of 988 providers to review system performance and to identify gaps and challenges as well as solutions. Use learning community approaches to build system capacity and to collaboratively resolve challenges.	11/1/2021	6/30/2022	<u>Leads:</u> Vibrant; Bobbie Boyer, OhioMHAS Stacey Frohnappel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 planning committee
Conduct 1-1 coaching calls/meetings as needed with 988 providers to help resolve challenges experienced by specific providers.	1/15/2022	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnappel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Core Area 3: Capacity for Target In-State/Territory Answer Rates
Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)

Goal 3.2a: By December 31, 2022, Ohio will have identified and engaged a statewide backup provider.

Personnel/Partners:

- Stacey Frohnappel-Hasson, Chief, OhioMHAS Prevention Services
- Bobbie Boyer, Deputy Director, OhioMHAS Prevention Services
- 988 Planning Committee
- 988 Providers
- Vibrant staff

Goal 3.2a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Create updated cost and volume projections for a possible backup provider	7/1/2022	8/31/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnappel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee; Vibrant
Identify funding stream(s) to support a backup provider and leverage funding to support backup	7/1/2022	12/31/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnappel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee; Vibrant
Create RFP requesting technical and cost proposals for statewide backup services	7/1/2022	12/31/2022	<u>Leads:</u> Vibrant; Bobbie Boyer, OhioMHAS Stacey Frohnappel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee
Issue RFP requesting technical and cost proposals for statewide backup services	12/31/2022	1/31/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnappel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee; Vibrant
Evaluate proposals and select one or more statewide backup providers.	1/31/2023	2/28/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnappel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee; Vibrant

Action Steps	Start Date	Due Date	Lead and Partners
Engage and onboard statewide backup provider(s).	2/28/2023	6/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee; Vibrant

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Goal 3.2b: By December 31, 2022, Ohio will have a training and technical assistance provider in place to support Lifeline/988 Centers and other helplines to help build their capacities to respond to 988/crisis calls, chats, and texts.

Personnel/Partners:

- Stacey Frohnapfel-Hasson, Chief, OhioMHAS Prevention Services
- Bobbie Boyer, Deputy Director, OhioMHAS Prevention Services
- 988 Planning Committee
- 988 Providers

Goal 3.2b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Continue Phase 1 activities, including system performance monitoring, learning community approaches, and 1-1 coaching calls/meetings as needed with 988 providers and other crisis line providers to help resolve challenges experienced by specific providers.	7/1/2022	6/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee
Identify funding stream(s) to support a statewide T/TA provider and leverage funding to support backup	7/1/2022	12/31/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee
Create RFP requesting technical and cost proposals for statewide backup services	7/1/2022	12/31/2022	<u>Leads:</u> Vibrant; Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee
Issue RFP requesting technical and cost proposals for statewide T/TA provider	12/31/2022	1/31/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee
Evaluate proposals and select one or more statewide 988 T/TA providers.	1/31/2023	2/28/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee
Engage and onboard statewide T/TA provider(s).	2/28/2023	6/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain

Somewhat certain

Moderately certain

Very certain

Completely certain

Core Area 4: Support Crisis Centers in Meeting Lifeline’s Operational Standards, Requirements, and Performance Metrics

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Background: Current Situation, Gaps, Progress, and Proposed Approach: Lifeline Standards and Requirements

Ohio’s work on Core Area 4 aligns with Lifeline’s clinical standards and is designed to support Ohio’s Lifeline/988 centers in continuing to meet Lifeline’s operational standards and performance metrics. This work also supports Ohio’s ongoing efforts to plan for and build readiness for Vibrant’s unified contact management platform.

Standards/Requirements/Metrics. As described in previous sections of this plan, Ohio’s current in-state answer rate is 84%. That rate, which fluctuates to some extent monthly but which has stayed consistently above 80%, means that Ohio is currently meeting the Period 1 performance metrics. However, not every center is consistently meeting the standard of 80% of calls being answered in-state, suggesting that there remains a need to work closely with individual centers to identify challenges and to develop constructive solutions. Previous sections of this plan discuss planned approaches and structures to ensure that Ohio’s Lifeline centers have wraparound support to build capacity and to resolve challenges, along with planned efforts to create structures and systems to monitor and course correct system performance. In addition, previous sections of this plan highlight that a majority of Ohio’s 88 counties do not have official primary or backup Lifeline/988 coverage. As noted previously, Ohio’s system of Lifeline/988 providers has met the period 1 answer rate with a low level of direct call center funding from state and local sources.

Although Ohio’s current network of Lifeline providers has been able to meet the period 1 performance metric of meeting and working to sustain an 80% answer rate, key challenges remain for sustaining this answer rate and for increasing the answer rate to 90% in the face of significant projected volume increases. Key challenges faced by Ohio’s Lifeline/988 system in continuing to meet operational standards and metrics include:

- *A need to build, sustain, and resource additional system capacity:* the addition of five pending providers to Ohio’s network of approved Lifeline providers will increase Ohio’s system capacity for Lifeline contacts. However, there remains a need to expand the capacity of active Lifeline providers by adding clinical and supervisory staff. Funding limitations remain a key barrier to building capacity in Ohio’s active providers.
- *A need to build, sustain, and ensure ongoing connections to the crisis continuum:* the 988 call center network is one entry point to Ohio’s crisis continuum of services, and this connection is the heart of how Ohioans struggling with thoughts of suicide and/or mental health or addiction crises will receive the help that they need. The crisis care system is being expanded as part of a system-wide transformation that includes 988 but goes much farther toward keeping Ohioans out of jails or prisons, out of extended waits in hospital emergency departments or psychiatric hospitalizations.
- *Expanding primary and backup coverage to all 88 Ohio counties:* Resolving this challenge requires developing—in partnership with Vibrant and Ohio’s Lifeline providers—a new coverage map that will ensure primary and backup coverage for each of Ohio’s 88 counties. Ohio has extensive experience creating statewide coverage maps through the development and implementation of the Ohio Careline. Because Lifeline relationships are between the providers and Vibrant, there is a more

limited opportunity for coordinated state-level work to create full primary and backup coverage. Ohio's experience thus far is that building a new coverage map requires in-depth negotiation with each provider to reach agreement about a proposed service primary and backup area and working collaboratively to identify funding to support service area expansions. Whatever work Ohio is able to accomplish related to creating a new coverage map must still be approved by Vibrant and will be subject to Vibrant reducing coverage areas if the performance of providers consistently falls below standards. If Vibrant would like to have states centrally coordinate coverage as a mechanism to help in ensuring that each state meets key performance metrics, the nature of relationships between Vibrant and providers must change and expand to include states and state agencies more centrally.

- *Building systems and structures to ensure real-time monitoring can occur:* An important need at present is to build on Ohio's collaborative relationships among its providers to create systems and opportunities for shared monitoring of system performance. Previous sections of the plan describe how it is envisioned that the Lifeline/988 provider subcommittee will be the group that engages in this shared monitoring.

Because Ohio is a home-rule state, it has an extensive network of local crisis lines. In addition, the Ohio Careline is a recent innovation that was developed to provide supports to Ohioans during the pandemic. Although performance data for local lines is not available, performance metrics for the Ohio Careline are similar to those for Ohio's Lifeline. A number of Ohio Lifeline/988 providers also answer local lines, 211 lines, and/or the Ohio Careline, and one active provider serves as a national backup provider (Talbert House). A number of Ohio providers report that answering multiple lines often is a necessity to support the investment needed to staff and operate a high-quality call center. At times, answering multiple lines may reduce center capacity for Lifeline calls routed to Ohio. In addition, Ohio's national backup providers report that backup volume routed to their centers can be very significant at times and can reduce their ability to answer calls routed from their primary coverage areas. Resolving these challenges related to additional lines requires a new coverage map and significant additional funding streams for capacity increases for Ohio's active and pending Lifeline/988 providers.

Lifeline clinical standards. The 988 planning process has allowed Ohio and its Lifeline Provider subcommittee to engage in intentional and systematic work on the Lifeline clinical service standards. This has deepened the work of the subcommittee as a community of practice while supporting enhanced service quality to Ohioans who contact the Lifeline. This shared area of work is new, having just started in May 2021 and will be an ongoing area of focus for Ohio's Lifeline providers.

Dispatch of mobile response for youth and adults. Part of the 988 planning process has been to carefully consider how to best integrate the Ohio 988 system with Ohio's youth Mobile Response Stabilization Services (MRSS) system. The MRSS subcommittee has reviewed nationally established best practices of states who have successfully implemented statewide youth mobile response systems; heard from family members and those with lived experience, including young adults, of the specialized needs and care of youth and families in crisis; and explored options for resolving differences between the Lifeline/ 988 operations and practices and the Screening and Triage phase of the MRSS model – the phase of the model that 988 providers might deliver.

MRSS is often preventative in nature and embraces the perspective that youth-related crises, as defined by the family or other referrer, are best addressed face to face in the community and not through a telephonic talk intervention. MRSS is a three-phase model: 1) screening and triage, 2) mobile response and 3) stabilization, each built on nationally established best practices. The subcommittee has focused on the Screening and Triage phase – the phase which 988 providers might be called upon to carry out if all MRSS requests for services are initiated through 988. Best practices for this phase include:

- A centralized call center with a single point of access number (such as 988) with 24/7/365 day a year access.
- Providing mobile responses to all youth related crisis situations, with the family or referrer defining the crisis.
- Rapid, uniform processes for screening, triage, recommendations for mobile response and linkage to local MRSS teams across the state.
- Immediate “live” linkage to local crisis teams.
- Established Measurable Metrics, Data Collection and Quality Assurance.
- Technology to a) directly connect callers to local MRSS providers; b) collect data to evaluate performance based on established metrics and benchmarks; and c) be able to enter MRSS call data into a centralized call center record that could be accessed when a youth requires MRSS services more than once.
- Call center staff who are
 - “Family-Friendly” and non-judgmental and
 - Are well-trained in MRSS and embrace best practices of the model.

The overarching goal of MRSS’ Screening and Triage phase is to provide rapid linkage to local MRSS providers ensuring that MRSS teams can arrive at location of the youth within 60 minutes. The subcommittee’s work has focused, in part, on aligning each step of the screening and triage process with best practices such as described above. Essential steps for moving the integration between 988 and MRSS forward are: 1) addressing technology needs described above and 2) ensuring that 988 staff receive extensive training the MRSS model as a whole and all requirements of the “Screening and Triage” phase of the model according to nationally established best practices.

It will also be essential that there be initial and ongoing coordination and integration between the 988 and MRSS networks, including the expansion (and deletion) of network providers; collection of data and writing of reports based on benchmarks; and identifying successes and problems between screening and triage sites and MRSS providers. An addition need will be coordination with Case Western University’s Center of Innovative Practice on benchmarks achievement and quality improvement.

A second focus of the subcommittee to date has been to note apparent differences between Lifeline/988 interventions and operations and those of MRSS. Some of the primary differences between each, which will need resolution, are below:

Table 4. Differences in Lifeline/988 and MRSS Interventions and Operations

Lifeline (to transition to 988)	MRSS
Primary intervention is telephonic Current number is 1-800-273- <u>TALK</u>	MRSS is a MOBILE intervention; talking is kept to the minimum except as necessary to rule out need for 911 intervention and to otherwise conduct a rapid screening, triage, and connection to a local MRSS provider.
Est. 80% of calls resolved telephonically	Est. 80% of youth related calls result in mobile intervention.
Few calls are from or about youth and most people call Lifeline about themselves.	All calls are youth related; most MRSS calls are initiated by an adult concerned about a youth’s well-being.

Lifeline (to transition to 988)	MRSS
The focus is on suicide prevention/ intervention	While an estimated 40% calls will stem from suicidality and self-injurious behavior, many youth/ families will use MRSS to assist to other challenges such as trauma, anxiety and disruptive/ oppositional behavior
Many callers are anonymous and expect anonymity. Caller age is asked about but not required	The identity, whereabouts and age of the youth are quickly ascertained so that linkage to mobile services can be provided rapidly (under an hour)

Final recommendations for 988’s integration with the MRSS network will be included in the final Implementation Plan.

For adult mobile response, best clinical practices will be followed as well to triage and dispatch as rapidly as possible. Several of the Lifeline call center providers are also that communities’ adult mobile response provider – in some cases for a city, county or multi-county geographic area.

Unified platform. Vibrant’s upcoming transition to a unified technology platform provides important opportunities to improve the services provided to Ohioans who contact the Lifeline/988 system by improving contact routing, facilitating real-time monitoring that will help the network respond rapidly to changes in demand, helping providers refer to high-quality local resources, standardizing data collection and reporting, and supporting the identification of national, state, and local trends.

Ohio’s 988 planning process has focused significantly on technology and includes a specialized technology consulting firm, Advancement Strategy Consulting (ASC). The Landscape Analysis highlighted that Ohio Lifeline/988 providers had significant communication and technology systems needs—with some providers having very limited technology and others operating modern call centers with automatic call distribution (ACD) and other technologies. ASC has worked intensively with 15 of Ohio’s active and pending Lifeline to create a systems map for each provider. This has involved understanding systems, obtaining serial numbers of existing network, communications, and documentation systems, understanding system configurations, and mapping configurations to organizational charts. This more in-depth landscape assessment is currently being finalized and a preliminary version is attached to this Plan as Appendix C. The final technology landscape analysis will be included with the final plan. This in-depth assessment will be used to understand immediate and longer-term technology needs for each of Ohio’s Lifeline/988 providers as well as projected costs of meeting those needs. The key focus of the assessment and systems analysis is to ensure that all providers have communication, networking, and documentation systems that support their work to answer Lifeline/988 contacts. Currently, technology needs are the responsibility of local centers and are not directly funded by the state. Ohio is working to identify funding streams to help Lifeline/988 providers upgrade and replace their communication and technology systems.

In addition to any technical systems limitations that are being identified as part of the technology assessment, Ohio’s Lifeline/988 providers report challenges with integration across systems, particularly between EHR and communication systems, and with data extraction and reporting.

Ohio is moving towards creating an online resource directory and is exploring systems integration with its open beds registry and with its larger crisis services system of care. Inclusion of those features in the unified platform along with easy-to-use performance dashboards and data reporting mechanisms will support the work of Ohio’s Lifeline providers. Over time, this will track with Ohio’s larger crisis services system by allowing easy creation and utilization of outwardly facing performance reports measuring a variety of metrics such as call volume, number of referrals, time-to-answer, abandonment rates, and service accessibility performance. If the uniform platform provides these data elements in real time, the public transparency created through

these reports may create an extra layer of urgency and accountability to support the behavioral health of crisis callers. This work also will help ensure that Ohioans who contact 988 are provided with high-quality service connections to local crisis resources.

Ohio has worked exceptionally hard during the planning process to understand current technology systems and to develop plans to improve technology while ensuring full compatibility with Vibrant data systems and platforms. However, there are two key challenges to this work. First, a number of providers have moved forward with technology system upgrades and replacements. The ASC team is currently working with those providers to understand the specifications of their new systems and to make recommendations that will ensure compatibility with the technical specifications of Vibrant’s current platform. Second, the ASC team is committed to making recommendations that ensure compatibility with Vibrant’s current technology platforms and its upcoming unified platform. However, because technical specifications for the future unified platform do not yet exist, the ASC team is not able to guarantee that upgrades and replacements will be compatible with the new platform. This is a critical need from Vibrant because leveraging funding streams for technology upgrades and replacements requires assuring funders that strategic investments in technology will help Ohio meet systems requirements and performance metrics both now and in the future.

Finally, for the 988 transition to be successful in providing quality care to Ohioans it is important to recognize that the Lifeline/988 is only one part of Ohio’s wider crisis services system. Ohio has built linkages between the 988 planning process and the state’s wider crisis services system to ensure that 988 is fully aligned with a larger crisis services transformation initiative. It is important that this linkage be recognized formally by Vibrant as 988 begins operation in July 2022.

Core Area 4: Lifeline Standards and Requirements
Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)

Goal 4.1a: By June 30, 2022 ensure that Ohio’s Lifeline/988 system maintains an 80% minimum answer rate and that the system has sufficient capacity to reach a 90% answer rate in Phase 2.

Personnel/Partners:

- Stacey Frohnappel-Hasson, Chief, OhioMHAS Prevention Services
- Bobbie Boyer, Deputy Director, OhioMHAS Prevention Services
- Valerie Leach, OhioMHAS Prevention Services
- 988 Planning Committee
- 988 Providers
- Vibrant

Goal 4.1a Action Steps (Note: this goal is linked to work in Core Area #3, particularly related to supporting providers in completing the onboarding process and in identifying and engaging statewide backup and technical assistance providers. Those steps are not duplicated here.)

Action Steps	Start Date	Due Date	Lead and Partners
Work with Vibrant to get data elements needed to monitor system performance (including area code data) and in partnership with Vibrant develop schedule for receiving those performance elements.	10/1/2021	6/30/2022	<u>Leads:</u> Vibrant; Bobbie Boyer, OhioMHAS Stacey Frohnappel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers
Administratively monitor system performance, proactively identify any	10/1/2021	6/30/2022	<u>Leads:</u> Vibrant; Bobbie Boyer, OhioMHAS Stacey Frohnappel-Hasson, OhioMHAS

Action Steps	Start Date	Due Date	Lead and Partners
challenges, and solution find as needed to ensure answer rate is maintained and a 90% answer rate is achieved by 6/30/22.			<u>Partners:</u> 988 Providers
Convene workgroup of 988 providers to review system performance and to identify gaps and challenges as well as solutions. Use learning community approaches to build system capacity and to collaboratively resolve challenges.	11/1/2021	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 planning committee; Vibrant
Work with individual providers that are not meeting Lifeline/988 service standards/performance metrics to understand and problem-solve challenges.	11/1/2021	6/30/2022	<u>Leads:</u> Vibrant; Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 planning committee
Develop and implement real-time performance dashboard that includes measures of service quality and performance metrics	1/1/2022	6/30/2022	<u>Leads:</u> Vibrant; Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 planning committee
Identify ways to further integrate consumer voice into the system monitoring efforts.	1/1/2022	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 planning committee; Vibrant

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Goal 4.1b: By June 30, 2022, create structures and deepen community of practice engagement to ensure that the operations of Ohio’s Lifeline/988 centers are fully aligned with and guided by Lifeline clinical standards. Achieving this goal is contingent upon receipt of Lifeline’s updated clinical standards and related tools.

Personnel/Partners:

- Stacey Frohnapfel-Hasson, Chief, OhioMHAS Prevention Services
- Bobbie Boyer, Deputy Director, OhioMHAS Prevention Services
- Valerie Leach, OhioMHAS Prevention Services
- 988 Planning Committee
- 988 Providers
- Vibrant

Goal 4.1b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Continue monthly meetings of Lifeline/988 provider committee	10/1/2021	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 planning committee; Vibrant
Ensure each meeting includes a focus on clinical standards and engagement as a	10/1/2021	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS

Action Steps	Start Date	Due Date	Lead and Partners
community of practice in shared learnings about how to better utilize clinical standards in center operations.			<u>Partners:</u> 988 Providers; 988 planning committee; Vibrant
Offer trainings and best practice topics to support and reinforce use of Lifeline clinical standards and best practices.	1/1/2022	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 planning committee; Vibrant
If revised clinical standards are received in time to be implemented Work with each Lifeline/988 provider to identify one to two ways that clinical standards can better guide how contacts are answered, referred to resources, and followed up on.	1/1/2022	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 planning committee; Vibrant
If revised clinical standards are received in time to be implemented, create and disseminate short report or infographic highlighting how Lifeline/988 clinical standards have been more deeply engaged and how center operations have improved as a result.	4/1/2022	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 planning committee; Vibrant

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Goal 4.1c: By June 30, 2022, Ohio will have developed a draft version of a technical and implementation plan to successfully transition Ohio’s Lifeline/988 providers to Vibrant’s new unified platform.

Personnel/Partners:

- Stacey Frohnapfel-Hasson, Chief, OhioMHAS Prevention Services
- Bobbie Boyer, Deputy Director, OhioMHAS Prevention Services
- Valerie Leach, OhioMHAS Prevention Services
- 988 Planning Committee
- 988 Providers
- Vibrant

Goal 4.1c Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Receive information/answers from Vibrant on technical questions posed in September 2021 about the unified platform.	10/1/2021	10/31/2021	<u>Leads:</u> Vibrant, Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 planning committee.
Work with Ohio Lifeline/988 providers to understand opportunities, barriers, and challenges faced with adopting the unified platform, including potential training and workflow impacts.	10/31/2021	11/30/2021	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 planning committee. Vibrant

Action Steps	Start Date	Due Date	Lead and Partners
Submit any emerging questions about the unified platform to Vibrant for clarification and answers.	10/31/2021	11/30/2021	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnappel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 planning committee. Vibrant
Work with Ohio Lifeline/988 providers to develop a tentative timeline for adoption of the unified platform.	11/30/2021	12/15/2021	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnappel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 planning committee. Vibrant
Develop a draft technical and implementation plan for adoption of the unified platform and review with Lifeline/988 providers.	1/05/2022	2/28/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnappel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 planning committee. Vibrant
Share draft plan with Vibrant and request feedback from the Vibrant technical team	3/01/2022	3/31/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnappel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 planning committee. Vibrant
Update/revise draft plan to incorporate feedback from Ohio's Lifeline/988 providers and Vibrant.	4/1/2022	4/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnappel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 planning committee. Vibrant
Ensure that the draft plan is a standing agenda item for Lifeline/988 provider meetings.	5/1/2022	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnappel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 planning committee. Vibrant

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Core Area 4: Lifeline Standards and Requirements
Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)

Goal 4.2a: By June 30, 2023 ensure that Ohio's Lifeline/988 system achieves and maintains an 90% minimum answer rate and that all Ohio Lifeline/988 providers are meeting performance metrics.

Personnel/Partners:

- Stacey Frohnappel-Hasson, Chief, OhioMHAS Prevention Services
- Bobbie Boyer, Deputy Director, OhioMHAS Prevention Services
- Valerie Leach, OhioMHAS Prevention Services
- 988 Planning Committee
- 988 Providers
- Vibrant

Goal 4.2a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Utilizing performance dashboard, continue to administratively monitor system performance, proactively identify any challenges, and solution find as needed to ensure a 90% state-level answer rate for 988 calls is maintained.	10/1/2022	6/30/2023	<u>Leads:</u> Vibrant; Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers;
Continue to convene and utilize workgroup of 988 providers to review system performance and to identify gaps and challenges as well as solutions. Use learning community approaches to build system capacity and to collaboratively resolve challenges.	10/1/2022	6/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 planning committee; Vibrant
Continue ongoing work with individual providers that are not meeting Lifeline/988 service standards/performance metrics to understand and problem-solve challenges.	10/1/2022	6/30/2023	<u>Leads:</u> Vibrant; Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 planning committee
Continue integrating consumer voice into Ohio’s 988 system monitoring efforts to ensure that consumer needs are central to work to maintaining a 90% answer rate for Lifeline calls and 80% of chats and texts.	10/1/2022	6/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 planning committee; Vibrant

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Goal 4.2b: By June 30, 2023, continue to utilize the community of practice structures to ensure that the operations of Ohio’s Lifeline/988 centers remain fully aligned with and guided by Lifeline clinical standards and the needs of Ohio’s crisis care system.

Personnel/Partners:

- Stacey Frohnapfel-Hasson, Chief, OhioMHAS Prevention Services
- Bobbie Boyer, Deputy Director, OhioMHAS Prevention Services
- Valerie Leach, OhioMHAS Prevention Services
- 988 Planning Committee
- 988 Providers
- Vibrant

Goal 4.1b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Continue monthly meetings of Lifeline/988 provider committee.	7/1/2022	6/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 planning committee; Vibrant
Ensure each meeting of Ohio’s 988 providers includes a focus on clinical	7/1/2022	6/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS

Action Steps	Start Date	Due Date	Lead and Partners
standards and engagement as a community of practice in shared learnings about how to best utilize clinical standards in center operations.			<u>Partners:</u> 988 Providers; 988 planning committee; Vibrant
Work with each Lifeline/988 provider individually and through community of practice to deepen engagement and integration of clinical standards in center operations.	7/1/2022	6/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 planning committee; Vibrant
Utilize Lifeline clinical standards to guide the overall operations of Ohio's network of Lifeline/988 providers.	7/1/2022	6/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 planning committee; Vibrant

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Goal 4.2c: By June 30, 2023, Ohio will have developed a final version of a technical and implementation plan to successfully transition Ohio's Lifeline/988 providers to Vibrant's new unified platform.

Personnel/Partners:

- Stacey Frohnapfel-Hasson, Chief, OhioMHAS Prevention Services
- Bobbie Boyer, Deputy Director, OhioMHAS Prevention Services
- Valerie Leach, OhioMHAS Prevention Services
- 988 Planning Committee
- 988 Providers
- Vibrant

Goal 4.1c Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Receive final specifications/ platform parameters for the unified platform.	7/1/2022	11/30/2022	<u>Leads:</u> Vibrant, Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers
Work with Ohio Lifeline/988 providers to refine and update understanding of opportunities, barriers, and challenges faced with adopting the unified platform, including potential training and workflow impacts.	11/30/2022	12/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 planning committee. Vibrant
Work with Ohio Lifeline/988 providers to finalize the timeline for adoption of the unified platform and identify any differences or exceptions to the timeline needed by providers.	1/05/2023	2/15/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners:</u> 988 Providers; 988 planning committee. Vibrant

Action Steps	Start Date	Due Date	Lead and Partners
Finalize technical and implementation plan for adoption of the unified platform and review with Lifeline/988 providers.	2/15/2023	3/31/2023	<u>Leads</u> : Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners</u> : 988 Providers; 988 planning committee. Vibrant
Share final plan with Vibrant and request feedback from the Vibrant technical team	3/31/2023	4/30/2023	<u>Leads</u> : Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners</u> : 988 Providers; 988 planning committee. Vibrant
Continue work with Ohio's Lifeline/988 providers to ensure readiness for the new platform and to address barriers individual providers to adopting the unified platform.	4/1/2023	6/30/2023	<u>Leads</u> : Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners</u> : 988 Providers; 988 planning committee. Vibrant
Continue to make sure that the plan remains a standing agenda item for Lifeline/988 provider meetings and progress is discussed at each meeting.	5/1/2022	6/30/2022	<u>Leads</u> : Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS <u>Partners</u> : 988 Providers; Vibrant

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Core Area 5: Convene a Coalition of Key Stakeholders to Advise on 988 Planning and Implementation

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Background: Current Situation, Gaps, Progress, and Proposed Approach: 988 Stakeholder Coalition

As part of its 988 planning process, OhioMHAS formed a 988 Planning Committee and multiple subcommittees of stakeholders to advise 988 planning and implementation. The 988 Planning Committee and subcommittees are working groups that actively contribute to planning for the transition and which ensure that stakeholder voice is maintained as a core planning value. As system needs emerged and/or as gaps in planning were identified, new subcommittees were assembled to meet those needs. See Figure 1 for the organizational structure of the stakeholder coalition developed to guide Ohio’s 988 planning process. The planning committee and subcommittees include the required specific members (e.g., those with lived experience, state suicide prevention coordinators). This coalition of stakeholders includes representatives from: five statewide professional/trade associations; 13 Lifeline providers; 1 non-Lifeline provider; 10 mental and behavioral health providers; nine state and local mental health advocacy groups; 11 state government agencies; seven county Alcohol, Drug, and Mental Health Boards (ADAMH); seven local first responder agencies; and two technical provider companies, along with three elected state representatives/senators and five community members with lived experience.



Figure 19. Structure of Ohio 988 Planning Committee and Subcommittees

The planning committee and subcommittees met monthly from April through September 2021. The planning committee will continue to meet monthly through February 2022. It is expected that the large 988 Planning Committee will transition to a smaller core group in March 2022 to continue guidance and serving as an as-needed advisory group for the 988 transition and planning. The subcommittees will continue to meet when needed after the planning process has been completed. Each subcommittee wrote and finalized a charter that led their activities. The specific focus of each subcommittee is included below:

- 911-988-211 Interoperability Workgroup focuses on interoperability and technology needs and best practices.
- Careline Subcommittee focuses on needs and planning regarding the transition of the Ohio Careline which may be subsumed by 988.
- Lifeline Providers Subcommittee includes all current and pending Ohio Lifeline Providers and focuses on transition, staffing, training, quality of service, and equipment needs.
- Marketing Subcommittee focuses on 988 messaging to advertise and meet the needs of Ohio callers.

- MRSS Subcommittee focuses on integrating Ohio’s Mobile Response and Stabilization Services with Lifeline Providers and the 988 transition.
- Needs Assessment Subcommittee ensured that stakeholder perspectives were integrated into the needs assessment process, reviewed needs assessment instruments and activities, and provided feedback on learnings from the planning process.

Going forward, OhioMHAS will continue to utilize a Planning Committee and subcommittee structure. The structure will be reorganized after February 2022 to support the work of this plan and to align with Ohio’s Crisis Task Force work. We will continue actively engaging committee and subcommittee members. Because planning for the 988 transition is a dynamic process, additional subcommittees may be convened and revised structures created if additional planning needs or gaps are discovered. To sustain and further activate stakeholders and committee members, OhioMHAS has built the 988 Planning Committee and the subcommittees into a community of practice as a mechanism for sharing new knowledge gained through the planning process and to ensure that stakeholders are authentically engaged throughout Ohio’s transition to 988. As Ohio is a home-rule state, using community of practice approaches ensures that local communities and stakeholders have a space to share individual challenges and successes and to maintain strong collaboration to ensure statewide best practices. The community of practice (COP) is a group sharing common concerns who share best practices and new knowledge and who interact collaboratively on an ongoing basis. Long-term benefits of a community of practice include improved strategic capabilities and new strategies to address challenges. Ohio plans to incorporate non-Lifeline crisis line providers in the COP as the work progresses.

Core Area 5: 988 Stakeholder Coalition
Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)

Goal 5.1a: During Phase 1 (October 1, 2021 – June 30, 2022), the 988 Planning Committee will continue to meet regularly, will continue and deepen work to engage as a community of practice, and will have identified and accomplished priority planning and preparation tasks for Ohio’s rollout of 988.

Personnel/Partners:

- Stacey Frohnapfel-Hasson, Chief, OhioMHAS Prevention Services
- Bobbie Boyer, Deputy Director, OhioMHAS Prevention Services
- Valerie Leach, OhioMHAS Prevention Services
- 988 Planning Committee
- 988 Providers

Goal 5.1a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Convene regular meetings of the 988 Planning Committee and of subcommittees as needed to support Ohio’s 988 planning and implementation processes.	10/1/2021	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee
Continue work to ensure that the 988 Planning Committee and 988 subcommittees function as a community of practice.	10/1/2021	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS 988 Planning Committee

Action Steps	Start Date	Due Date	Lead and Partners
			<u>Partners:</u> 988 Providers
Monitor engagement of stakeholders and partners on the 988 Planning Committee and subcommittees and work to re-engage partners and members if needed.	10/1/2021	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS 988 Planning Committee <u>Partners:</u> 988 Providers
Develop and engage additional subcommittees as needed to support ongoing planning and the 988 implementation processes.	10/1/2021	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS 988 Planning Committee <u>Partners:</u> 988 Providers
Continue efforts to ensure that the 988 Planning Committee and subcommittees include representatives of key demographic, social justice, BIPOC, gender minority, veterans, and other high-risk groups.	10/1/2021	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS 988 Planning Committee <u>Partners:</u> 988 Providers
Identify high-priority planning tasks and implementation supports throughout Phase 1 and utilize 988 Planning Committee and subcommittee members to meet these needs/to develop the implementation supports.	10/1/2021	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS 988 Planning Committee <u>Partners:</u> 988 Providers
Monitor work of 988 Planning Committee and subcommittees, track key accomplishments, and cycle accomplishments back to groups to celebrate progress and deepen engagement.	10/1/2021	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS 988 Planning Committee <u>Partners:</u> 988 Providers

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Core Area 5: 988 Stakeholder Coalition
Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)

Goal 5.2a: During Phase 2 (July 1, 2022 – June 30, 2023), the 988 Planning Committee and its subcommittees will continue to meet regularly as a community of practice, will serve as a key support and continuous quality improvement mechanism for Ohio’s 988 system, and will help ensure that Ohio’s 988 system is fully aligned with and integrated into Ohio’s larger crisis services system.

Personnel/Partners:

- Stacey Frohnapfel-Hasson, Chief, OhioMHAS Prevention Services
- Bobbie Boyer, Deputy Director, OhioMHAS Prevention Services
- Valerie Leach, OhioMHAS Prevention Services
- Ohio Crisis Services Taskforce
- 988 Planning Committee

- 988 Providers

Goal 5.2a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Continue to convene regular meetings of the 988 Planning Committee and subcommittees as needed to support the implementation and continuous improvement of Ohio’s 988 system.	7/1/2022	6/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnappel-Hasson, OhioMHAS Valerie Leach, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee
Continue work to ensure that the 988 Planning Committee and 988 subcommittees function as a community of practice, authentically engaging stakeholders in post-implementation decision-making and feedback.	7/1/2022	6/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnappel-Hasson, OhioMHAS Valerie Leach, OhioMHAS 988 Planning Committee <u>Partners:</u> 988 Providers
Monitor engagement of stakeholders and partners on the 988 Planning Committee and subcommittees and work to re-engage partners and members if needed.	7/1/2022	6/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnappel-Hasson, OhioMHAS Valerie Leach, OhioMHAS 988 Planning Committee <u>Partners:</u> 988 Providers
Utilize 988 Planning Committee and subcommittee members to help monitor and improve system performance, focusing on 988 call, text, and chat volume, answer rates, and other key metrics and discussing implications for Ohioans needing high quality suicide prevention and crisis services.	7/1/2022	6/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnappel-Hasson, OhioMHAS Valerie Leach, OhioMHAS 988 Planning Committee <u>Partners:</u> 988 Providers
Engage the 988 Planning Committee and subcommittees on understanding how 988 is functioning as a high-quality entry point into Ohio’s crisis services system and ensuring 988 system is fully aligned with Ohio’s wider crisis service system transformation efforts.	7/1/2022	6/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnappel-Hasson, OhioMHAS Valerie Leach, OhioMHAS 988 Planning Committee Ohio crisis services taskforce <u>Partners:</u> 988 Providers
Engage 988 Planning Committee and subcommittees in sharing information about 988public messaging initiatives. Meet periodically to coordinate communications efforts to ensure they are complementary and key messages are aligned with Ohio’s wider crisis services system.	7/1/2022	6/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnappel-Hasson, OhioMHAS Valerie Leach, OhioMHAS 988 Planning Committee Ohio crisis services taskforce <u>Partners:</u> 988 Providers
Monitor funding streams, funding needs, and funding sustainability. Engage on emerging needs of 988 crisis centers and align with other parts of Ohio’s crisis services system.	7/1/2022	6/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnappel-Hasson, OhioMHAS Valerie Leach, OhioMHAS 988 Planning Committee Ohio crisis services taskforce <u>Partners:</u> 988 Providers
Continue work on interoperability with 911/211 and other related systems and ensure efforts are aligned with other parts of Ohio’s crisis services system.	7/1/2022	6/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnappel-Hasson, OhioMHAS Valerie Leach, OhioMHAS 988 Planning Committee Ohio crisis services taskforce <u>Partners:</u> 988 Providers

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain

Somewhat certain

Moderately certain

Very certain

Completely certain

Core Area 6: Maintain a Comprehensive, Updated Listing of Resources, Referrals, and Linkages; Plan for Expanded Services

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Background: Current Situation, Gaps, Progress, and Proposed Approach: Comprehensive Resource Listings; Plan for Expanded Services

Because the Lifeline is a key entry point into Ohio’s crisis services system, the impact of the Lifeline (and 988) depends on high-quality resources, referrals, and linkages. These linkages are formal parts of each Center’s agreement with Vibrant.

A key gap in Ohio is a lack of a comprehensive and accessible set of resources and referrals. Currently, there are no centralized statewide resource lists, as every lifeline center maintains its own lists following its own protocol and timelines for updating and sharing the information with staff. At times, this causes significant issues with the quality of service received by Ohioans who contact the Lifeline, especially if the call is routed to a backup provider in another part of the state or to the national backup network.

The April 2021 Landscape Analysis revealed that Ohio Lifeline Centers have a variety of formal and informal relationships with key entities and resources within Ohio’s crisis services system and that centers use these resources to help ensure that Ohioans who contact the Lifeline/988 are connected with appropriate local resources. To better understand how Ohio’s Lifeline/988 providers create and utilize resource lists, In July 2021, OhioMHAS and its needs assessment team surveyed Ohio Lifeline providers to ask about how they update and store information for care resources, referrals, and linkages. Ten of Ohio’s 13 active Lifeline providers responded to the survey. The most common methods used to manage referral and care resources were local lists (such as Word documents), with 7 centers using this method, and the 211 system/database, with 6 centers reporting using this method. Other methods reported included treatment locators, local databases, spreadsheets, and internet searches. How centers identify resources for inclusion on their local lists varies across centers, ranging from word-of-mouth information to those centers with specific established resource inclusion policies. Centers also update their listings with varying frequencies, with 3 centers reporting they have no set schedule and update on an as-needed basis, three reporting they update annually or semi-annually, and four reporting they do so quarterly or monthly. Centers share resources with staff using multiple methods, most commonly using email updates, sharing paper/physical copies, and making the information available in their electronic health record (EHR)/documentation systems. Although a key gap is that resource listings are maintained currently at the provider level, a strength is that the lists maintained by Lifeline/988 providers include all of the required elements and a mixture of national, state, and local resources.

Improving the quality of service provided to Ohioans who contact the Lifeline/988 requires the development of a statewide resource, referral, and linkage list that can be accessed by any Ohio provider and that ideally could also be accessible to national backup providers as well. During Ohio’s 988 planning process, we have focused on creating an actionable plan to develop, maintain, and expand a statewide resource, referral, and linkage list in collaboration with our lifeline providers and additional stakeholders, with the goal of ensuring that any Lifeline provider in the state and nation will be able to easily access up-to-date information relevant to any Ohio county or region that a caller may need. The resource directory has two main parts—a backend database and a front-end web interface that is searchable.

In order to accomplish this goal, OhioMHAS and the technology team supporting Ohio are currently exploring technology options to create a web-based statewide referral and resource directory. Three discrete options are being explored, including a web server with a SQL database, obtaining subscriptions to the national 211 database and housing the resource and referral linkages on Ohio's open beds registry. Combination approaches also are being explored as possible ways to increase the reach and quality of resources, referrals, and linkages available to Ohio's Lifeline/988 providers. During the planning process, work has focused on assessing the feasibility of each potential solution as well as understanding costs to build, maintain, and update each solution. Ideally, moving forward from referrals, local continuity of client tracking will be developed for people with complex crisis needs. Individuals in crisis have rapidly evolving needs, difficulty with adherence, and may only engage with crisis services briefly. Those in crisis need continued responsiveness and tracking at the local system level to hold the individual or family responsible as they move through the crisis.

In addition to work to create a widely accessible listing of referral sources and resources, Ohio's 988 Planning Committee has worked hard to expand formal and informal linkages to crisis services available in Ohio. Through the 988 Planning Committee, Ohio's Lifeline/988 providers have deepened relationships with 211 providers across Ohio. The 988/911/211 subcommittee has explored the feasibility of establishing MOUs and other formal agreements between 911 Public Safety Answering Points (PSAPs) and Lifeline/988 providers to ensure that callers in crisis can be connected with appropriate, high-quality resources in Ohio's crisis services system. Ohio's efforts to create mobile response support services (MRSS) have focused on the potential for formal linkages between 988 and MRSS to ensure that there is "no wrong door." Although there is much work yet to be done to create formal linkages between the Lifeline/988 and 911, 211, and MRSS in Ohio, the 988 planning process has demonstrated the value of establishing those formal relationships. Draft MOUs and options for technology integration in the future already are being considered. These additional formal linkages, particularly between 988 and 911, are likely to take five or more years to be fully realized as Ohio's 911 system is in the early stages of its own "next-gen" transformation related to technology upgrades for the system.

Core Area 6: Comprehensive Resource Listings; Plan for Expanded Services

Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)

Goal 6.1a: By 6/30/2022, each Lifeline crisis center in Ohio will have access to up-to-date referral resources for people in crisis, including comprehensive referral resources, referrals, and linkages organized by zip code and county so that they can access those that are local to all callers throughout the state.

Personnel/Partners:

- Stacey Frohnappel-Hasson, Chief, OhioMHAS Prevention Services
- Bobbie Boyer, Deputy Director, OhioMHAS Prevention Services
- Valerie Leach, OhioMHAS Prevention Services
- Technology lead/vendor (TBD)
- 988 Planning Committee
- 988 Providers

Because each Lifeline provider already has its own list of resources and referrals, Ohio's work in period 1 and period 2 will focus on the development of a shared comprehensive statewide resource directory.

Goal 6.1a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Review cost, structure, and design of three main options for an Ohio web-based resource and referral directory.	10/1/2021	12/30/2021	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee; ASC technology team.
Select an option or combination of options for the statewide resource directory that will best serve Ohio’s Lifeline providers and ensure quality of service.	10/1/2021	12/30/2021	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee; ASC technology team.
Identify funding stream(s) that can support the development and maintenance of an Ohio web-based resource and referral directory.	10/1/2021	12/30/2021	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee
Identify mechanisms and structures to ensure that periodic updates, additions, and removals from the database can be accomplished in real time	10/1/2021	12/30/2021	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee
Develop RFP for required technology solutions for the statewide resource directory.	1/1/2022	1/31/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee
Issue RFP for required technology solutions and open for proposals	2/1/2022	3/15/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee
Review proposals received and select a vendor or team to develop statewide referral system.	3/15/2022	4/1/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee
Execute agreement with selected vendor and begin work on the resource and referral directory	4/1/2022	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Goal 6.1b: Continue planning to develop and expand formal linkages between the Lifeline/988 and other aspects of Ohio’s crisis services system, including MRSS, Ohio’s open bed registry, 911, and 211.

Personnel/Partners:

- Stacey Frohnapfel-Hasson, Chief, OhioMHAS Prevention Services
- Bobbie Boyer, Deputy Director, OhioMHAS Prevention Services

- Valerie Leach, OhioMHAS Prevention Services
- Ohio’s crisis services system taskforce
- 988 Planning Committee
- 911-988-211 Planning Subcommittee
- 988 Providers

Goal 6.1b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Align 988 planning with Ohio’s crisis system taskforce and maintain linkages between 988 planning and implementation work and Ohio’s larger crisis services system.	10/1/2021	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS Ohio crisis services system taskforce <u>Partners:</u> 988 Providers; 988 Planning Committee
Continue work of 911-988-211 Planning Subcommittee to continue to develop MOUs, other formal linkages, and reciprocal relationships between Lifeline/988 providers, 911 PSAPs and 211 systems.	10/1/2021	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS Ohio crisis services system taskforce <u>Partners:</u> 988 Providers; 988 Planning Committee
Continue work of 911-988-211 Planning Subcommittee to explore possibilities for technology/systems integration to facilitate contact diversion of non-emergent mental health crisis calls to Lifeline providers.	10/1/2021	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS Ohio crisis services system taskforce <u>Partners:</u> 988 Providers; 988 Planning Committee
Continue work of 988 Planning Committee to continue developing formal/informal linkages between Lifeline/988 providers and mobile crisis response services and mobile response support services (MRSS).	10/1/2021	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS Ohio crisis services system taskforce <u>Partners:</u> 988 Providers; 988 Planning Committee

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

- Not at all certain Somewhat certain Moderately certain Very certain Completely certain
-

Core Area 6: Comprehensive Resource Listings; Plan for Expanded Services
Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)

Goal 6.2a: By 6/30/2023, all Lifeline and crisis call centers in Ohio will have access to a shared, comprehensive statewide list of resources, referrals, and linkages.

Personnel/Partners:

- Stacey Frohnapfel-Hasson, Chief, OhioMHAS Prevention Services
- Bobbie Boyer, Deputy Director, OhioMHAS Prevention Services
- Valerie Leach, OhioMHAS Prevention Services

- Technology lead/vendor (TBD)
- 988 Planning Committee
- 988 Providers

Goal 6.2a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Continue work on database and web interface for statewide resource directory and review progress with 988 planning committee and stakeholders.	7/1/2022	9/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS; technology vendor Valerie Leach, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee
Complete development of statewide resource directory, ensure all referrals and resources are loaded into the database, and begin pilot testing with 988 providers.	10/1/2022	11/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS; technology vendor Valerie Leach, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee
Resolve all performance issues with the statewide resource directory and ensure final operational version is in place.	10/1/2022	11/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS; technology vendor Valerie Leach, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee
Train all 988 and other crisis call center providers on the resource directory and work with each provider to develop implementation plans to begin using the statewide resource directory to improve referrals and quality of service.	11/30/2022	1/31/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee
Begin operation of statewide resource directory with all Lifeline/988 providers.	2/1/2023	3/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee
Share statewide resource directory with Vibrant for dissemination to national backup network.	2/1/2023	3/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee
Begin regular updates and maintenance of statewide resource directory	2/1/2023	6/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS; technology vendor. Valerie Leach, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

- Not at all certain Somewhat certain Moderately certain Very certain Completely certain
-

Goal 6.2b: Continue work to develop and expand formal linkages between the Lifeline/988 and other aspects of Ohio’s crisis services system, including MRSS, Ohio’s OpenBeds registry, 911, and 211.

Personnel/Partners:

- Stacey Frohnapfel-Hasson, Chief, OhioMHAS Prevention Services
- Bobbie Boyer, Deputy Director, OhioMHAS Prevention Services
- Valerie Leach, OhioMHAS Prevention Services
- Ohio’s crisis services system taskforce
- 988 Planning Committee
- 911-988-211 Planning Subcommittee
- 988 Providers

Goal 6.2b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Continue work to ensure 988 implementation aligns with Ohio’s Crisis Task Force and maintain linkages between 988 planning and implementation work and Ohio’s larger crisis services system.	7/1/2022	6/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS Ohio crisis services system taskforce <u>Partners:</u> 988 Providers; 988 Planning Committee
Continue work of 911-988-211 Planning Subcommittee to develop MOUs, other formal linkages, and reciprocal relationships between Lifeline/988 providers, 911 PSAPs and 211 systems. Develop a five-year plan to build formal linkages between Ohio’s 988 system and Ohio’s 911 system and its local 911 PSAPs.	7/1/2022	12/31/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS Ohio crisis services system taskforce <u>Partners:</u> 988 Providers; 988 Planning Committee
Continue work of 911-988-211 Planning Subcommittee on technology/systems integration and ensure mechanisms for information sharing are in place by 6/30/2023 to facilitate contact diversion of non-emergent mental health crisis calls to Lifeline providers.	7/1/2022	6/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS Ohio crisis services system taskforce <u>Partners:</u> 988 Providers; 988 Planning Committee
Continue work of 988 Planning Subcommittee to continue to develop formal/informal linkages between Lifeline/988 providers and mobile crisis response services and mobile response support services (MRSS).	7/1/2022	6/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS Ohio crisis services system taskforce <u>Partners:</u> 988 Providers; 988 Planning Committee

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

- Not at all certain Somewhat certain Moderately certain Very certain Completely certain
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Core Area 7: Ensure All State/Territory Centers Can Provide Best Practice Follow-Up to 988 Callers/Texters/Chatters

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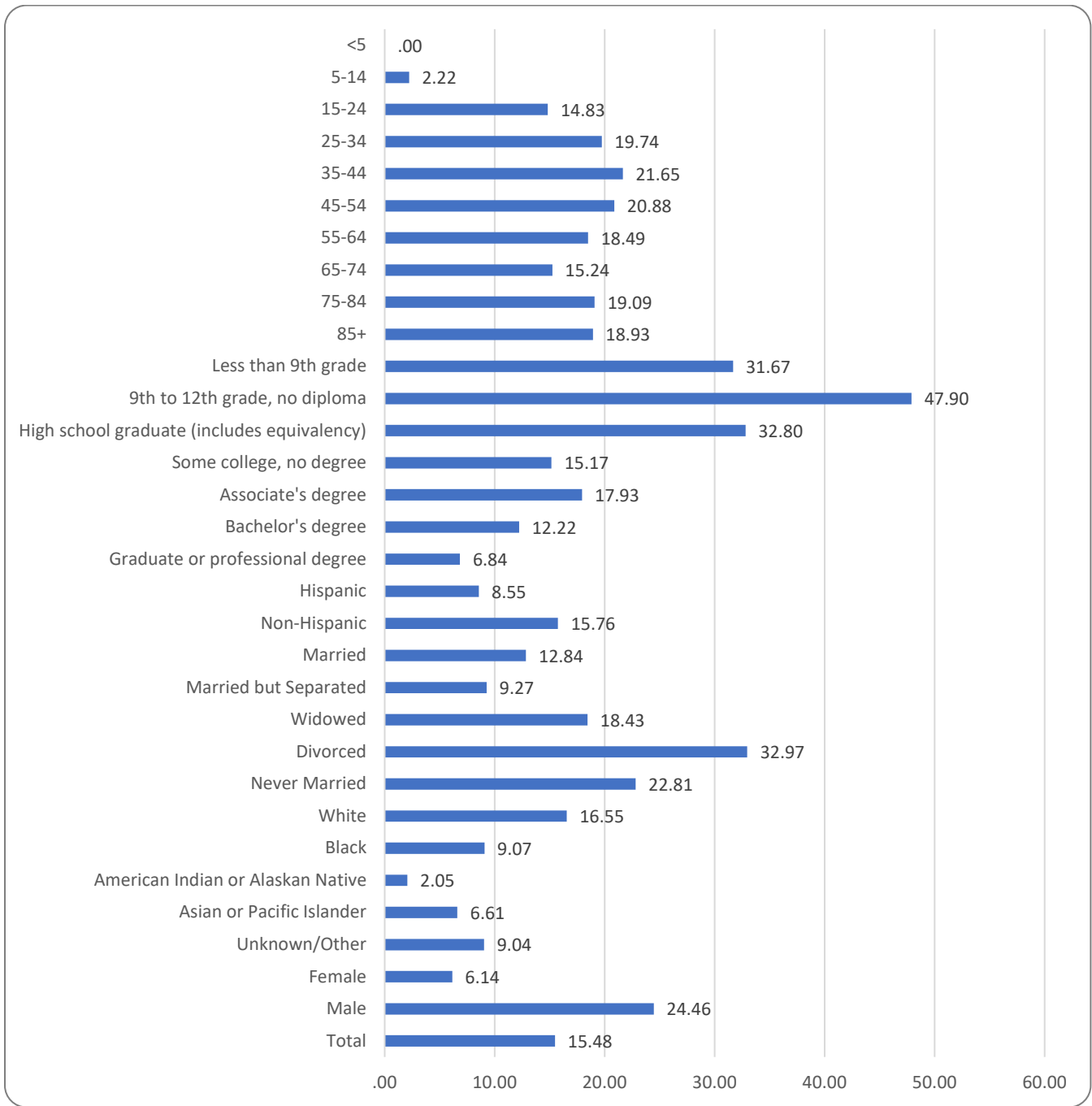
Background: Current Situation, Gaps, Progress, and Proposed Approach: Provide Follow-Up Services

Research indicates that follow-up with hotline callers and people recently discharged from an emergency department (ED) or inpatient setting has positive results for both consumers and providers of mental health services. Given that suicide risk is highest one week after discharge from an inpatient setting, the 24/7 availability of crisis centers' services are invaluable. For medium to high-risk callers, studies show that Lifelines help to minimize ideation, hopelessness, and psychological pain. Further, crisis center follow-up ahead of a service appointment is associated with improved motivation, a reduction in barriers to accessing services, improved adherence to medication, reduced symptoms of depression, and higher attendance rates. Follow-up by crisis centers is also cost effective; it reduces utilization of emergency services and offers diversion to more appropriate services for patients who do not require admission to a hospital.

Data on the proportion of Lifeline contacts across Ohio where current thoughts of suicide are present do not currently exist. This is an area where additional work is needed as part of the 988 planning and implementation processes. Data related to suicidality in Ohio is included below for context.

- Some demographic subgroups in Ohio are more likely to attempt and complete suicide than others. Considering those groups with suicide proportions of 30 or greater per 100,000 population, those with only a high school education or less and those who are divorced are at an elevated risk for suicide. Also, men are almost four times more likely to attempt and complete suicide than women. Finally, rates of suicide are increasing among African-Americans and other racial and ethnic minorities in Ohio (See Figure 2: 2019 Ohio Suicides per 100k Population by Demographic Subgroups)
- Self-reports of suicide attempts and suicidal ideation may come closer to representing the underlying problem. Self-report data from the voluntary Ohio Healthy Youth Environments Survey (OHYES) suggest that in the 2019-2020 school year, 6% of youth have attempted suicide and 13% have thought about suicide. Data from the 2017-2018 NSDUH suggest that suicidal ideation may be lower among adults, where 5% of Ohio adults have thought about suicide in the past year, and 4% of US adults have had these thoughts.
- Regarding calls specifically, our data show that 8% of 911/PSAP calls are mental health crisis calls that could likely be diverted to 988 (PSAP survey 2021). This does not include calls requiring active rescue or overdose, which would not be diverted. This 8% would result in an additional 41,000 inbound calls to 988 (Vibrant 2020).
- Current Ohio call volume estimates that Lifeline Centers have received approximately 84,000 total contacts (call; text; chat) (Vibrant 2021b – total June 2020-May 2021 + 7%).

Figure 20. 2019 Ohio Suicides per 100k Population by Demographic Subgroups



In Ohio, 12 out of 13 current Lifeline Centers report providing follow up service to callers after the initial call. The one center that provides text/chat services for four hours daily has the capability to follow up with chat visitors via phone. Processes/procedures for follow-up are listed in Table 1 when relevant. Only one of 13 centers explicitly mentioned follow-up requiring caller consent. Six of 13 centers mentioned eligibility criteria for follow-up calls.

Table 5. Follow-up Policies and Procedures of Ohio Lifeline Centers

Center Name	Policies/Procedures
The Nord Center	<ul style="list-style-type: none"> • We document calls in our electronic health record. • We manually track the disposition of the call on the document and will use our white board to list any follow up needed for a call. This is looked after by our Manager on shift.
Coleman Svcs	<ul style="list-style-type: none"> • Follow-up phone calls • Mobile response if needed
FrontLine	<ul style="list-style-type: none"> • We provide follow-up phone calls to those who call our crisis hotline and have been determined to still need some type of assistance after our call. We do not follow-up when the call is a “referral and/or informational” type of call. • The follow-up calls are typically done with the callers’ consent. • If we are unable to reach someone through a phone call, we will typically mail out a letter to remind them of our services and to call back if needed.
Help Network	<ul style="list-style-type: none"> • Help Network of Northeast Ohio has provided 103 follow-up phone calls for Lifeline callers in 2020. • Follow ups are made to callers who are considered to be at imminent risk for suicide and are part of the callers’ safe plan
HelpLine	<ul style="list-style-type: none"> • Offer follow up call to callers who were assessed for suicide • call the next day (or sooner if part of safety plan) • if we don’t reach, we try two additional times and then we send a letter reminding them that we are available 24/7 etc.
Sojourner	<ul style="list-style-type: none"> • Crisis Counselors schedule follow-up with callers in iCarol to ensure safety or assist with accessing resources. • Follow-ups are completed by phone and documented in iCarol.
North Central	<ul style="list-style-type: none"> • Follow-up calls are provided for callers (Lifeline and other crisis lines) who request them or for callers that are not at immediate risk, but volunteers are concerned for an increased risk within 24 hours or at a later date. • Depending on the situation, staff may continue to call until a caller is reached or may limit the number of attempts made. • Voicemails are only left in extreme situations or with permission and minimal information is contained. In circumstances where another person may have access to the voicemail, we do not leave messages.
Pathways	<ul style="list-style-type: none"> • Callers/texters are asked if we can follow up with them the next day (as appropriate). The follow up call determines if they have been connected to mental health services and any other community resources they may need. • We will offer to continue to call if the caller/texter would like us to for up to 12 weeks or the end of suicidal ideation.
Portage Path	<ul style="list-style-type: none"> • Connect to local agencies, if determined that person is in crisis.
Scioto Paint Valley	<ul style="list-style-type: none"> • We make follow-up contacts by telephone
Talbert House	<ul style="list-style-type: none"> • For high-risk situations, we provide a follow up phone call either later in the day or the next day. • We also do “customer service calls” where a management level staff person will follow up with a caller to discuss how their call went. We also do caller satisfaction surveys that we complete with callers.
We Care-Coleman	<ul style="list-style-type: none"> • Follow up calls made for 2-7 days determined by staff that took the call.

As noted in Core Area 6, centers also reported providing follow-up for various other crisis services. Specifically, seven of Ohio’s 13 active Lifeline providers offer follow-up for mobile crisis teams, eight offer follow-up for emergency departments, eight offer follow-up for crisis receiving or stabilization facilities, five

offer follow-up for inpatient psychiatric units, and one offers follow-up for law enforcement. Seven responding centers reported there were no other organizations providing mental health or crisis follow-up services in their service areas, while five centers reported they were unsure if other organizations provided mental health or crisis follow-up services. Moving forward, the follow-up and tracking of callers needs a proactive system based on caller level of acuity and risk.

This is an area related to work that will benefit from standardization and increased training across Lifeline calls. Consistent tracking of follow-up calls will also support better customer care - and this tracking procedure can also record if the follow-ups have been formally handed off to a community provider who is working with the client. These are improved policies, systems and practices that Ohio needs to work on and will engage on as part of the 988 transition.

During stakeholder meetings, the most frequently noted challenges related to providing follow-up services to 988 callers were callers wanting anonymity and callers who had reached out for a family member or friend who was not in their home or with them during the time of the follow-up call. Regarding texters and chatters, only one center currently provided these services in Ohio. Providers noted that there are different dynamics for chat/text interactions compared to phone calls. People who are chatting are on a mobile device or sitting at a keyboard, while texting can have large delays between responses. It was also noted that establishing a rapport with chatters/texters is more difficult.

Moving forward, Ohio will focus on establishing statewide consent protocols, basic eligibility criteria, and protocols for follow-up calls. Ohio will also establish a universal counselor training for follow-up requirements, processes, and consenting. In order to understand the number of follow-up calls required, the state will also work with Lifeline centers to estimate their high-risk caller volume and anticipated follow-up needs. Ohio will utilize the Lifeline Providers Subcommittee to ensure that Lifeline/988 follow-up by Ohio providers is aligned with Lifeline Best Practices. Because Ohio has a decentralized network of Lifeline/988 providers that cover discrete geographies in the state, Ohio will work to ensure that each provider is utilizing Lifeline Best Practices to guide their follow-up practices.

Core Area 7: Provide Follow-Up Services

Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)

Goal 7.1a: By 6/30/2022, each Lifeline/988 provider will have created revised follow-up protocols that are aligned with Lifeline Best Practices and plans to ensure that there is sufficient capacity to handle at least 50% of projected Year 1 outbound contact volume.

Personnel/Partners:

- Stacey Frohnapfel-Hasson, Chief, OhioMHAS Prevention Services
- Bobbie Boyer, Deputy Director, OhioMHAS Prevention Services
- Valerie Leach, OhioMHAS Prevention Services
- Vibrant
- 988 Planning Committee
- 988 Providers

Goal 7.1a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Work with 988 providers and 988 planning committee to obtain call disposition data for Lifeline/988 contacts to understand current	10/1/2021	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS

Action Steps	Start Date	Due Date	Lead and Partners
follow-up needs, volume, and follow-up dispositions.			<u>Partners:</u> 988 Providers; 988 Planning Committee
In partnership with Ohio Lifeline/988 providers, work to create a data system to track call dispositions and follow-up services provided on a monthly basis.	10/1/2021	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnafel-Hasson, OhioMHAS Valerie Leach, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee
Utilize Lifeline/988 provider subcommittee as a space to provide education on Lifeline follow-up standards. Ensure that follow-up standards and follow-up services are an agenda item for each meeting.	10/1/2021	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnafel-Hasson, OhioMHAS Valerie Leach, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee
Work with individual providers to revise follow-up protocols and procedures to ensure that each Lifeline/988 provider's follow-up procedures include consent procedures and are fully aligned with Lifeline best practices.	10/1/2021	2/28/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnafel-Hasson, OhioMHAS Valerie Leach, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee
Work with individual Lifeline providers to address any capacity issues that might arise from covering 50% of projected outbound contact volume.	11/1/2021	3/31/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnafel-Hasson, OhioMHAS Valerie Leach, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee
Estimate and understand costs of aligning follow-up protocols with Lifeline best practices and costs from a 50% increase in outbound volume.	11/1/2021	3/31/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnafel-Hasson, OhioMHAS Valerie Leach, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee
Work with providers, Ohio crisis task force, and Ohio communities to identify additional funding streams as needed to support provider efforts to align with best follow-up practices and to handle at least 50% of projected outbound volume.	11/1/2021	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnafel-Hasson, OhioMHAS Valerie Leach, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee
Ensure onboarding training of Lifeline staff and regular bi-annual professional development opportunities and monitoring and oversight to ensure a base level of training re: follow-up calls.	11/1/2021	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnafel-Hasson, OhioMHAS Valerie Leach, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Core Area 7: Provide Follow-Up Services

Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)

Goal 7.2a: By 6/30/2023, each Lifeline/988 provider will have implemented follow-up protocols and procedures that are aligned with Lifeline best practices and will have sufficient capacity to handle 100% of projected outbound contact volume.

Personnel/Partners:

- Stacey Frohnapfel-Hasson, Chief, OhioMHAS Prevention Services
- Bobbie Boyer, Deputy Director, OhioMHAS Prevention Services
- Valerie Leach, OhioMHAS Prevention Services
- Vibrant
- 988 Planning Committee
- 988 Providers

Goal 7.1a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Continue to monitor call dispositions and follow-up services provided by 988 providers on a monthly basis.	7/1/2022	6/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee
Monitor 988 system capacity across Ohio’s provider network and projected outbound volume during period 2.	7/1/2022	6/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee
Utilize Lifeline/988 provider subcommittee as a space for shared monitoring of follow-up services and shared engagement on follow-up standards. Ensure that follow-up standards and follow-up services are an agenda item for each meeting.	7/1/2022	6/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee
Ensure onboarding training of Lifeline staff and regular bi-annual professional development opportunities and monitoring and oversight to ensure a base level of training re: follow-up calls.	7/1/2022	6/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee
Ensure that each Lifeline/988 provider has implemented follow-up protocols and procedures that are fully aligned with Lifeline best practices.	10/1/2022	6/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee
Work with individual Lifeline providers to address any challenges with fidelity to follow-up contact practices or capacity issues that might arise from covering 100% of projected outbound contact volume.	10/1/2022	6/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee

Action Steps	Start Date	Due Date	Lead and Partners
Estimate and understand costs of aligning follow-up protocols with Lifeline best practices and costs from a 100% increase in outbound volume.	10/1/2022	10/31/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee
Work with providers, Ohio crisis task force, and Ohio communities to identify additional funding streams as needed to support provider efforts to align with best follow-up practices and to handle 100% of projected outbound volume.	11/1/2022	6/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS <u>Partners:</u> 988 Providers; 988 Planning Committee

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain
 Somewhat certain
 Moderately certain
 Very certain
 Completely certain

Core Area 8: Plan and Implement Marketing for 988 in Your State/Territory

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Background: Current Situation, Gaps, Progress, and Proposed Approach: Marketing and Communications Plan for 988

Marketing efforts for 988 are critically important because the Lifeline/988 serves as one of the main entry points for Ohioans experiencing a mental health crisis into the state's larger crisis services system. Effective marketing will help Ohioans learn about and remember 988 as the dialing code for mental health crisis support. Marketing work in preparation for 988 implementation in Ohio will identify key audiences for marketing 988, dissemination channels, strategies for using guidelines and toolkits from SAMHSA and Vibrant, state-level assets, and region-specific needs.

Work related to marketing has just begun in Ohio. A Marketing Subcommittee of Ohio's larger 988 Planning Committee was formed in May 2021 and is charged with creating an initial plan for marketing 988 in Ohio. The marketing subcommittee met biweekly until September 2021 and now is meeting monthly due to the announcement related to all national marketing being held until June 2022. Thus far, the committee has discussed key messaging for 988, priority audiences for 988, and communication channels. Work in this area is ongoing. The position of the state in waiting for national marketing messaging and tools makes it difficult to plan effectively for the future of 988 marketing.

A key strength Ohio brings to marketing 988 is that for the last six years OhioMHAS has led the development and evolution of *Get Set Before You Bet* ([Get Set Before You Bet](#)), a comprehensive, multi-channel, locally focused media and marketing campaign focused on promoting responsible gambling. The two main action steps of this campaign are encouraging Ohioans to call or chat with the Ohio Problem Gambling Helpline or visit the educational, promotional website. Ohio's experience with this marketing campaign parallels what is needed for marketing 988 across the state of Ohio and will help ensure that the key planning tasks in Core Area 8, as well as the resulting marketing plan for Ohio are successful. The *Get Set Before You Bet* marketing campaign also highlights that Ohio has the capacity to effectively market 988 across the state and to reach rural and Appalachian areas, which have fewer media resources. Because marketing work is being undertaken by Ohio's 988 Planning Committee and its Marketing Subcommittee and because there has been a direct and consistent linkage to Ohio's crisis taskforce, marketing efforts for 988 already have involved a wide cross-section of stakeholders and consumers.

Funding remains a key gap for supporting marketing of 988; as described in previous sections, work is underway to identify local, state, and federal funding streams. These will be needed to support updating current materials and developing new materials. In addition, discussions are underway as part of current work to transform Ohio's crisis care system regarding whether 988 should be marketed as the National Suicide Prevention Lifeline (NSPL) and/or as a broader behavioral health crisis resource that can connect anyone experiencing a mental health or addiction crisis with high quality resources and supports. Ohio would like to market 988 more broadly than just as the NSPL has defined, but this is something for which guidance from SAMHSA and Vibrant is needed.

Core Area 8: Marketing and Communications Plan for 988

Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)

Goal 8.1a: By 6/30/22, we will have identified:

- Key goals of a statewide 988 messaging campaign
- Key messaging to focus audiences within the state
- Key public messaging channels for 988 messaging dissemination and a proposed budget for each channel
- A vendor agency for 988 public relations as a point of contact to work with Vibrant Communications Team, along with the 988 administrator

Personnel/Partners:

- Stacey Frohnapfel-Hasson, Chief, OhioMHAS Prevention Services
- Bobbie Boyer, Deputy Director, OhioMHAS Prevention Services
- Valerie Leach, OhioMHAS Prevention Services
- Vibrant
- 988 Planning Committee
- 988 Marketing Subcommittee
- 988 Providers

Goal 8.1a: Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Continue regular meetings of 988 Planning Committee and Marketing Subcommittee.	10/1/2021	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS Marketing Subcommittee <u>Partners:</u> 988 Providers; 988 Planning Committee
Expand stakeholder groups working on marketing to include special interest advocates not currently represented, behavioral health organizations, and OhioMHAS communications and public information staff.	10/1/2021	10/31/2021	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS Marketing Subcommittee <u>Partners:</u> 988 Providers; 988 Planning Committee
Identify key goals of a statewide messaging campaign around 988.	10/1/2021	12/31/2021	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS Marketing Subcommittee <u>Partners:</u> 988 Providers; 988 Planning Committee
Identify primary and secondary audiences for 988 messaging, with a special priority on groups most at risk for suicide and mental health crisis.	10/1/2021	12/31/2021	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS Marketing Subcommittee <u>Partners:</u> 988 Providers; 988 Planning Committee
Review existing materials and identify needed changes to transition messaging from 800-based number to 988 dialing code.	1/5/2022	2/28/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS Marketing Subcommittee <u>Partners:</u> 988 Providers; 988 Planning Committee

Action Steps	Start Date	Due Date	Lead and Partners
Identify and prioritize channels for including print, video, radio, billboards, direct mail, social media.	1/5/2022	2/28/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS Marketing Subcommittee <u>Partners:</u> 988 Providers; 988 Planning Committee
Ensure voices of lived experience, peers, groups that have been historically marginalized, and entire lifespan are included in planning and development efforts.	1/5/2022	2/28/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS Marketing Subcommittee <u>Partners:</u> 988 Providers; 988 Planning Committee
Develop budget and cost estimate for messaging/media around 988 in Ohio to the extent possible without knowing what national resources will be available.	1/5/2022	2/28/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS Marketing Subcommittee <u>Partners:</u> 988 Providers; 988 Planning Committee
Determine whether an external media partner is needed for marketing/messaging 988. If so, develop RFP package and estimated budget.	2/5/2022	2/28/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS Marketing Subcommittee <u>Partners:</u> 988 Providers; 988 Planning Committee
Identify preliminary funding streams to support plan development and initial formative research.	2/5/2022	2/28/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS Marketing Subcommittee <u>Partners:</u> 988 Providers; 988 Planning Committee
Conduct initial formative and message development research.	2/5/2022	6/1/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS Marketing Subcommittee; media consultant (TBD); Ohio MHAS public affairs/communications team <u>Partners:</u> 988 Providers; 988 Planning Committee
Create comprehensive messaging and media plan for 988 implementation, ensuring that messaging and material development aligns with Vibrant and SAMHSA guidance, and is consistent state-wide.	3/1/2022	6/1/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS Marketing Subcommittee; media consultant (TBD); Ohio MHAS public affairs/communications team <u>Partners:</u> 988 Providers; 988 Planning Committee
Review messaging/media plan with 988 Planning Committee and crisis system stakeholders, obtain feedback, and finalize plan.	6/1/2022	6/30/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS Marketing Subcommittee; media consultant (TBD); Ohio MHAS public affairs/communications team; Ohio crisis system stakeholders <u>Partners:</u> 988 Providers; 988 Planning Committee

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Core Area 8: Marketing and Communications Plan for 988

Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)

Goal 8.2a: By 6/30/23, we will have:

- Engaged target audience focus groups within state or embarked on other strategies for securing feedback and input on message effectiveness for target audiences
- Finalized customization of national level messaging materials
- Secured state level funding for public messaging asset creation, asset update, and dissemination for each dissemination channel
- Finalized messaging for how 988 aligns/embeds with state resources (e.g. state crisis lines not affiliated with 988)
- Developed a plan for tracking metrics and public messaging campaign impacts

Personnel/Partners:

- Stacey Frohnapfel-Hasson, Chief, OhioMHAS Prevention Services
- Bobbie Boyer, Deputy Director, OhioMHAS Prevention Services
- Valerie Leach, OhioMHAS Prevention Services
- Vibrant
- 988 Planning Committee
- 988 Marketing Subcommittee
- OhioMHAS Public Affairs/Communications team
- 988 Providers

Goal 8.1b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Continue regular meetings of 988 Planning Committee and Marketing Subcommittee. Continue linkages with stakeholder groups and with Ohio’s larger crisis services system taskforce	7/1/2022	6/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS Marketing Subcommittee; OhioMHAS Public Affairs/Communications team <u>Partners:</u> 988 Providers; 988 Planning Committee; Ohio crisis taskforce
Identify and leverage federal, state, and local funding streams for additional formative research as needed and to support 988 messaging and media campaign.	7/1/2022	12/31/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Valerie Leach, OhioMHAS Marketing Subcommittee; OhioMHAS Public Affairs/Communications team <u>Partners:</u> 988 Providers; 988 Planning Committee; Ohio crisis taskforce
Begin implementing messaging/media plan components and update/extend plan as needed.	7/1/2022	6/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Media partner (TBD) Marketing Subcommittee; OhioMHAS Public Affairs/Communications team <u>Partners:</u> 988 Providers; 988 Planning Committee; Ohio crisis taskforce

Action Steps	Start Date	Due Date	Lead and Partners
Engage consumers and high-priority populations in formative research and focus groups to obtain feedback and to understand and/or improve message effectiveness.	7/1/2022	12/31/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Media partner (TBD) Marketing Subcommittee; OhioMHAS Public Affairs/Communications team <u>Partners:</u> 988 Providers; 988 Planning Committee; Ohio crisis taskforce
Utilize toolkits and materials from Vibrant and SAMHSA and finalize customization of national-level messaging materials.	7/1/2022	12/31/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Media partner (TBD) Marketing Subcommittee; OhioMHAS Public Affairs/Communications team <u>Partners:</u> 988 Providers; 988 Planning Committee; Ohio crisis taskforce
Monitor messaging to ensure alignment with national resources and reach for high-risk populations, rural/Appalachian communities, and historically marginalized populations. Adjust and extend as needed.	7/1/2022	12/31/2022	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Media partner (TBD) Marketing Subcommittee; OhioMHAS Public Affairs/Communications team <u>Partners:</u> 988 Providers; 988 Planning Committee; Ohio crisis taskforce
Identify a plan for tracking metrics and impacts and begin collecting process and impact measures to understand effectiveness and impacts of messaging and media	7/1/2022	6/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Media partner (TBD) Marketing Subcommittee; OhioMHAS Public Affairs/Communications team <u>Partners:</u> 988 Providers; 988 Planning Committee
Create and disseminate impact evaluation for first year of messaging around 988 in Ohio, identify key lessons learned, and share with stakeholders.	6/1/2023	6/30/2023	<u>Leads:</u> Bobbie Boyer, OhioMHAS Stacey Frohnapfel-Hasson, OhioMHAS Media partner (TBD) Marketing Subcommittee; OhioMHAS Public Affairs/Communications team <u>Partners:</u> 988 Providers; 988 Planning Committee

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain

Appendix A

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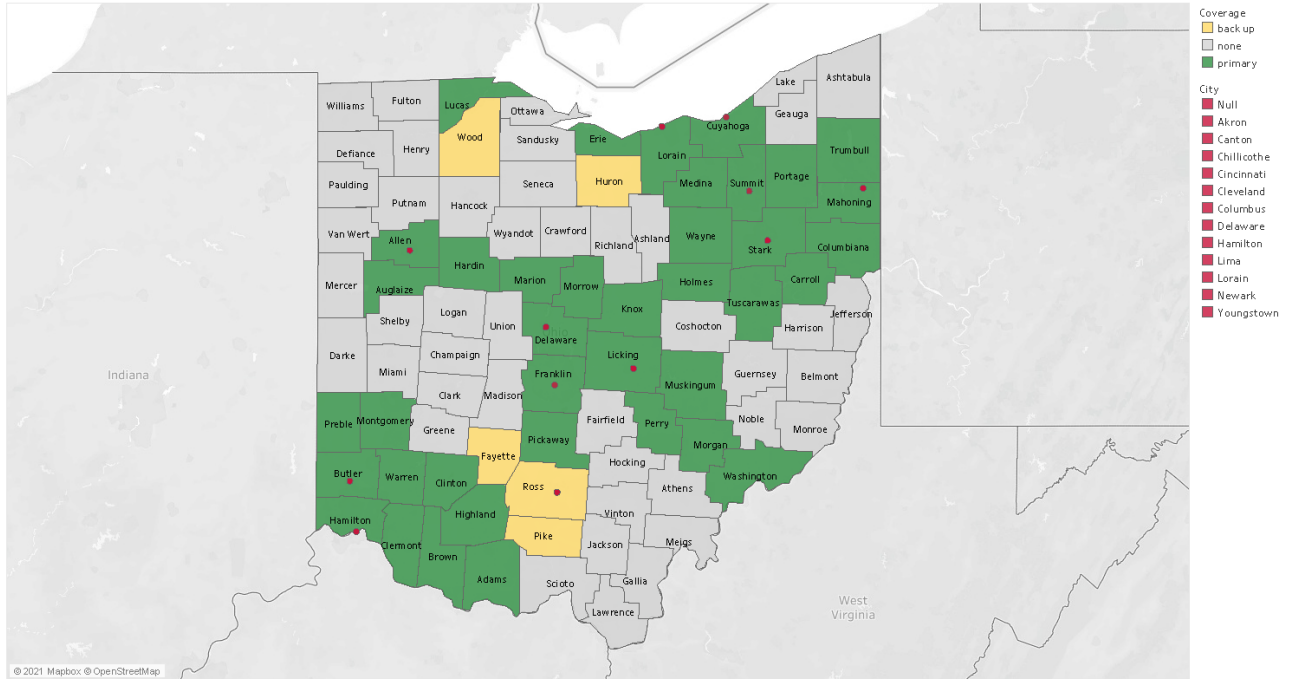
Coverage Area Schedule Worksheet for Core Area 1 (see attached)

Appendix B

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Ohio NSPL Coverage Map

Primary (Green) and Back Up (Yellow) Coverage of Counties by Lifeline Suicide Prevention Centers



Map based on Longitude (generated) and Longitude (generated) and Latitude (generated). Details are shown for County. For pane Longitude (generated). Color shows details about Coverage. The marks are labeled by County. For pane Longitude (generated)(2). Color shows details about City. The view is filtered on City, which keeps 13 of 13 members.

Appendix C

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Preliminary Technology Landscape Analysis (see attached)

Lifeline/988 Calls - Coverage		Ohio						
Primary Coverage - Calls								
County	Clermont County Crisis Hotline	Coleman Professional Services	Frontline Service	Help Network of Northeast Ohio	HelpLine of Delaware and Morrow Counties	North Central Mental Health Services	Pathways of Central Ohio	Portage Path Behavioral Health
Any Primary Coverage	Y	Y	Y	Y	Y	Y	Y	Y
Adams								
Allen								
Ashland								
Ashtabula				County-wide, 24/7				
Athens								
Auglaize								
Belmont								
Brown	County-wide, 24/7							

Lifeline/988 C							
Primary Coverage							
County	Scioto Paint Valley MH Center	Mental Health Crisis Hotline, Community Health Alliance (Sojourner Recovery)	Talbert House	The Nord Center	We Care Regional Crisis Center Coleman Professional Services	Gaps in 24/7 Primary Coverage	Describe Gaps in 24/7 Primary Coverage
Any Primary Coverage	Y	Y	Y	Y	Y		
Adams	County-wide, 24/7					N	
Allen					County-wide, 24/7	N	
Ashland						Y	Does not have primary coverage.
Ashtabula						N	
Athens						Y	Does not have primary coverage.
Auglaize					County-wide, 24/7	N	
Belmont						Y	Does not have primary coverage.
Brown	County-wide, 24/7		Area code 513, 24/7			N	

Lifeline/988 C							
Butler		County-wide, 24/7	Area code 513, 24/7			N	
Carroll						N	
Champaign						Y	Does not have primary coverage.
Clark						Y	Does not have primary coverage.
Clermont			County-wide, 24/7			N	
Clinton		County-wide, 24/7				N	
Columbiana						N	
Coshocton						Y	Does not have primary coverage.
Crawford						Y	Does not have primary coverage.
Cuyahoga						N	
Darke						Y	Does not have primary coverage.
Defiance						Y	Does not have primary coverage.

Lifeline/988 C							
Delaware						N	
Erie					County-wide, 247	N	
Fairfield						Y	Portion of county not in 614 area code.
Fayette						Y	Does not have primary coverage.
Franklin						N	
Fulton						Y	Does not have primary coverage.
Gallia						Y	Does not have primary coverage.
Geauga						N	
Greene						Y	Does not have primary coverage.
Guernsey						Y	Does not have primary coverage.
Hamilton			County-wide, 24/7			N	
Hancock						Y	Does not have primary coverage.

Lifeline/988 Calls - Coverage	Ohio									
Hardin										
Harrison										
Henry										
Highland										
Hocking										
Holmes		County-wide 24/7								
Huron				440 area code, 24/7						
Jackson										
Jefferson										
Knox							County-wide, 24/7			
Lake				County-wide, 24/7						
Lawrence										

Lifeline/988 C							
Hardin					County-wide, 24/7	N	
Harrison						Y	Does not have primary coverage.
Henry						Y	Does not have primary coverage.
Highland	County-wide, 24/7					N	
Hocking						Y	Does not have primary coverage.
Holmes						N	
Huron						Y	Portion of county not covered by 440 area code.
Jackson						Y	Does not have primary coverage.
Jefferson						Y	Does not have primary coverage.
Knox						N	
Lake						N	
Lawrence						Y	Does not have primary coverage.

Lifeline/988 C							
Licking						N	
Logan						Y	Does not have primary coverage.
Lorain				County-wide, 24/7		N	
Lucas					County-wide, 24/7	N	
Madison						Y	Portion of county not covered by 614 area code.
Mahoning						N	
Marion						N	
Medina						N	
Meigs						Y	Does not have primary coverage.
Mercer						Y	Does not have primary coverage.
Miami						Y	Does not have primary coverage.
Monroe						Y	Does not have primary coverage.

Lifeline/988 C							
Montgomery		County-wide, 24/7				N	
Morgan						N	
Morrow						N	
Muskingum						N	
Noble						Y	Does not have primary coverage.
Ottawa						Y	Does not have primary coverage.
Paulding						Y	Does not have primary coverage.
Perry						N	
Pickaway						N	
Pike						Y	Does not have primary coverage.
Portage						N	
Preble		County-wide, 24/7				N	

Lifeline/988 Calls - Coverage		Ohio						
Putnam								
Richland								
Ross								
Sandusky								
Scioto								
Seneca								
Shelby								
Stark		County-wide 24/7						
Summit								County-wide, 24/7
Trumbull				County-wide, 24/7				
Tuscarawas		County-wide 24/7						
Union						614 area code, 24/7		

Lifeline/988 C							
Putnam						Y	Does not have primary coverage.
Richland						Y	Does not have primary coverage.
Ross						Y	Does not have primary coverage.
Sandusky						Y	Does not have primary coverage.
Scioto						Y	Does not have primary coverage.
Seneca						Y	Does not have primary coverage.
Shelby						Y	Does not have primary coverage.
Stark						N	
Summit						N	
Trumbull						N	
Tuscarawas						N	
Union						N	

Lifeline/988 Calls - Coverage	Ohio									
Van Wert										
Vinton										
Warren										
Washington							County-wide, 24/7			
Wayne		County-wide 24/7								
Williams										
Wood										
Wyandot										
Comments										
In the gray-shaded blocks, describe each center's primary coverage area for Lifeline calls by county, including geographic area(s) and days/hours.										

Lifeline/988 C							
Backup Coverage							
County	Scioto Paint Valley MH Center	Mental Health Crisis Hotline, Community Health Alliance (Sojourner Recovery)	Talbert House	The Nord Center	We Care Regional Crisis Center Coleman Professional Services	Gaps in 24/7 Backup Coverage	Describe Gaps in 24/7 Backup Coverage
Any Backup Coverage	Y	N	Y - National backup	Y	Y		
Adams						Y or N	Describe areas/hours not covered OR Leave blank
Allen						Y or N	Describe areas/hours not covered OR Leave blank
Ashland						Y or N	Describe areas/hours not covered OR Leave blank
Ashtabula						Y or N	Describe areas/hours not covered OR Leave blank
Athens						N	
Auglaize						Y or N	Describe areas/hours not covered OR Leave blank
Belmont						N	
Brown						Y or N	Describe areas/hours not covered OR Leave blank
Butler						Y or N	Describe areas/hours not covered OR Leave blank

Lifeline/988 Calls - Coverage		Ohio						
Carroll		234 & 330 area codes, 24/7				Area code 740, 24/7		
Champaign								
Clark								
Clermont								
Clinton								
Columbiana		County-wide, 24/7						
Coshocton						County-wide, 24/7		
Crawford							County-wide, after hours only	
Cuyahoga								
Darke								
Defiance								
Delaware						Area code 740, 24/7		

Lifeline/988 C							
Carroll						N	
Champaign						Y or N	Describe areas/hours not covered OR Leave blank
Clark						Y or N	Describe areas/hours not covered OR Leave blank
Clermont						Y or N	Describe areas/hours not covered OR Leave blank
Clinton						Y or N	Describe areas/hours not covered OR Leave blank
Columbiana						N	
Coshocton						N	
Crawford						Y or N	Describe areas/hours not covered OR Leave blank
Cuyahoga						Y or N	Describe areas/hours not covered OR Leave blank
Darke						Y or N	Describe areas/hours not covered OR Leave blank
Defiance						Y or N	Describe areas/hours not covered OR Leave blank
Delaware						Y or N	Describe areas/hours not covered OR Leave blank

Lifeline/988 Calls - Coverage	Ohio							
Erie								
Fairfield						Area code 740, 24/7		
Fayette						Area code 740, 24/7		
Franklin								
Fulton								
Gallia						County-wide, 24/7		
Geauga								
Greene								
Guernsey						County-wide, 24/7		
Hamilton								
Hancock								
Hardin								

Lifeline/988 C							
Erie				County-wide, 24/7		N	
Fairfield						Y or N	Describe areas/hours not covered OR Leave blank
Fayette	County-wide, 24/7					N	
Franklin						Y or N	Describe areas/hours not covered OR Leave blank
Fulton						Y or N	Describe areas/hours not covered OR Leave blank
Gallia						N	
Geauga						Y or N	Describe areas/hours not covered OR Leave blank
Greene						Y or N	Describe areas/hours not covered OR Leave blank
Guernsey						N	
Hamilton						Y or N	Describe areas/hours not covered OR Leave blank
Hancock						Y or N	Describe areas/hours not covered OR Leave blank
Hardin						Y or N	Describe areas/hours not covered OR Leave blank

Lifeline/988 Calls - Coverage		Ohio						
Harrison						County-wide, 24/7		
Henry								
Highland								
Hocking						County-wide, 24/7		
Holmes		234 & 330 area codes, 24/7						
Huron								
Jackson						County-wide, 24/7		
Jefferson		234 & 330 area codes, 24/7				Area code 740, 24/7		
Knox						County-wide, 24/7		
Lake								
Lawrence						County-wide, 24/7		
Licking						County-wide, 24/7		

Lifeline/988 C							
Harrison						N	
Henry						Y or N	Describe areas/hours not covered OR Leave blank
Highland						Y or N	Describe areas/hours not covered OR Leave blank
Hocking						N	
Holmes						Y	Areas not in area codes 234 and 330.
Huron				County-wide, 24/7		N	
Jackson						N	
Jefferson						N	
Knox						N	
Lake						Y	No backup coverage.
Lawrence						N	
Licking						N	

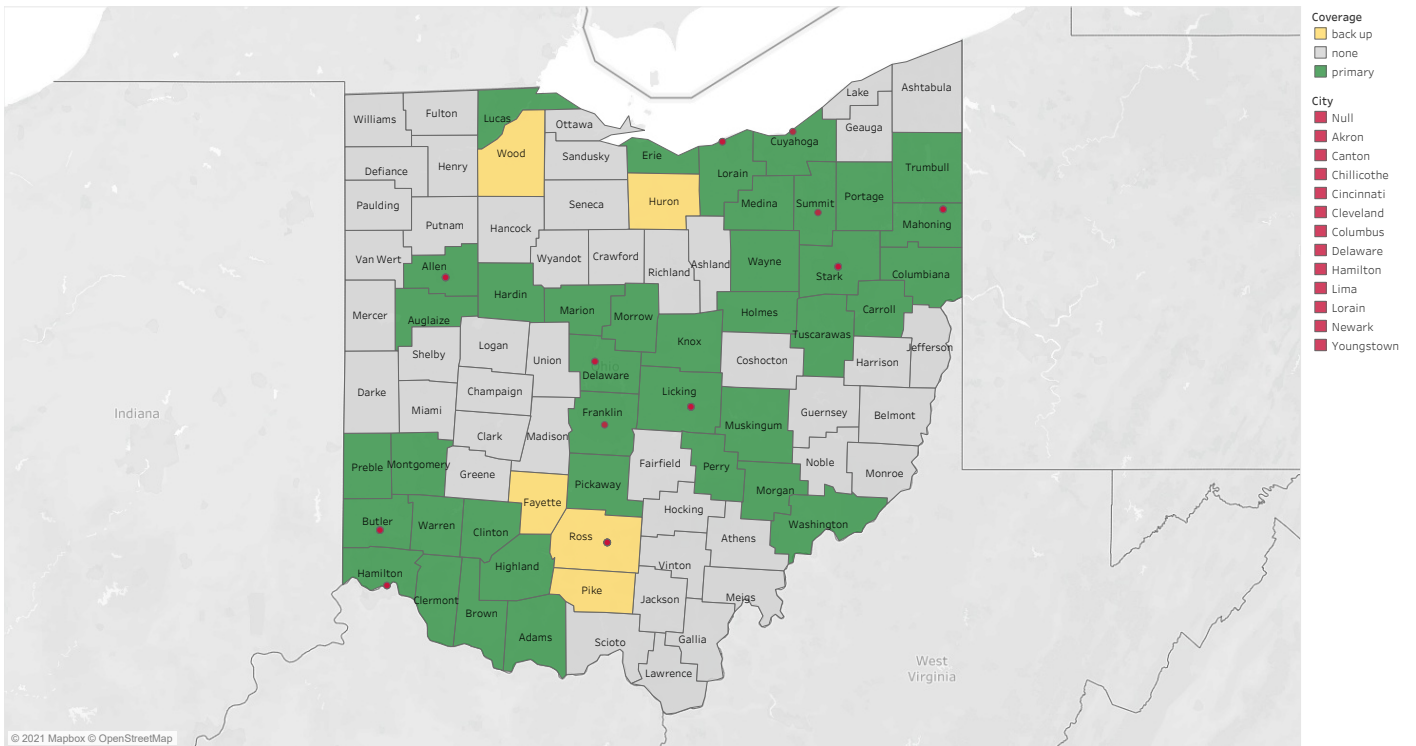
Lifeline/988 C							
Logan						Y	No backup coverage.
Lorain						Y	No backup coverage.
Lucas						Y	No backup coverage.
Madison						N	
Mahoning						N	
Marion						Y	Areas not in area code 740 only have backup coverage for after hours.
Medina						N	
Meigs						N	
Mercer						Y	No backup coverage.
Miami						Y	No backup coverage.
Monroe						N	
Montgomery						Y	No backup coverage.

Lifeline/988 C							
Morgan						N	
Morrow						Y	No backup coverage.
Muskingum						N	
Noble						N	
Ottawa						Y	No backup coverage.
Paulding						Y	No backup coverage.
Perry						N	
Pickaway	County-wide, 24/7					N	
Pike	County-wide, 24/7					N	
Portage						N	
Preble						Y	No backup coverage.
Putnam						Y	No backup coverage.

Lifeline/988 C							
Richland						Y	Backup coverage is after hours only.
Ross	County-wide, 24/7					N	
Sandusky						Y	No backup coverage.
Scioto						N	
Seneca						Y	No backup coverage.
Shelby						Y	No backup coverage.
Stark						N	
Summit						N	
Trumbull						Y	Backup coverage is only in 234 and 330 area codes.
Tuscarawas						N	
Union						Y	Backup coverage only in 740 area code.
Van Wert						Y	No backup coverage.

Lifeline/988 C							
Vinton						N	
Warren						Y	No backup coverage.
Washington						N	
Wayne						Y	Backup coverage only for 234 and 330 area codes.
Williams						Y	No backup coverage.
Wood					County-wide, 24/7	N	
Wyandot						Y	Areas not in area code 740 only have backup coverage for after hours.
Comments							

Primary (Green) and Back Up (Yellow) Coverage of Counties by Lifeline Suicide Prevention Centers



Map based on Longitude (generated) and Longitude (generated) and Latitude (generated). Details are shown for County. For pane Longitude (generated): Color shows details about Coverage. The marks are labeled by County. For pane Longitude (generated) (2): Color shows details about City. The view is filtered on City, which keeps 13 of 13 members.



Department of Mental Health and
Addiction Services

**988 Transition:
Preliminary
Crisis Center
Technology Landscape
Assessment**

August 25th, 2021



Advancement
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Consulting



We will complete the following activities and deliverables to support the rollout of the 988 hotline

Step	Description	Role(s)	Hours
Discovery/Baseline	In conjunction with the Vibrant-funded landscape analysis and needs assessment process , collect baseline information for 17 provider agency locations. Collect location maps, network diagrams, power redundancy.	Senior Telephony Lead, Junior Analyst	240
Inventory	Connect to phone systems and inventory phone systems, calling trees, distribution groups, extension (to help understand reusability or other options), features on the phones.	Senior Telephony Lead, Junior Analyst	160
Complete Landscape Analysis Research Phone Vendor	Determine which technologies are in use, what are the capacities. Perform due diligence on phone vendors that will provide the best solution to handle 988 calls and functionality. Examine features, like call detail recording, 4-digit dialing and interoperability with other systems. Includes, softphones and messaging. Determine costs of lines/extension.	Senior Telephony Lead, Junior Analyst	120
Provide guidance on the best technology & technology models.	Leveraging analysis, determine best technology platforms and operating models. Provide guidance on interoperability options with 911, 211, etc.). Produce a report of the best technology options and the costs of the technology and the tech model.	Senior Telephony Lead, Junior Analyst	154
Redundancy Plan	Develop and provide recommendation for redundancy for phone service and phone system, whether hard line or hybrid online solution. Recommend hardware redundancy and vendors SLA's	Senior Telephony Lead	40
Additional Chat/Text Technology	Research Vibrant-supplied platform , work on the best solution for implementation and then suggest the correct approach. Bot\chat feature is implemented with web servers, but we will research a voice to text feature, then work the rest with the solution	Senior Telephony Lead, Junior Analyst	60
Recommendation Deliverable	Develop specific evaluation/selection criteria for new system(s)	Senior Telephony Lead	40
Maintenance	Document cost, maintenance plan, hardware/software updates. SLA's.	Senior Telephony Lead	80
TOTAL			894

This deliverable covers items 1-2 (highlighted above).

Our team developed templates for each crisis center to document the identified crisis centers' technology inventory...

The templates that Advancement Strategy developed are geared to collecting relevant telephony system information to help guide recommendations for a lasting system.

Please confirm and complete any missing information below. We would like to have all the information on record to ensure we have the most up to date location and contact information.

Center Information	
Center Name	Coleman Professional Services
Center Name (Short)	Coleman Svcs
Center Key	OH125000
Status	Online
Street Address	2421 13th St. NW
City	Canton
State	OH
Zip Code	44708
Latitude	40.81194832
Longitude	-81.40030904
Area Code(s) Serviced	234, 330 (backups)
Counties Serviced	Carroll, Holmes, Portage, Stark, Tuscarawas, Wayne
Primary Languages Spoken in Service Area	English

Contact Information	
First Name	Michele
Last Name	Siudak
Phone Number	
Ext.	
Department	
Title	
Email Address	Michele.Siudak@colemanservices.org

Secondary Contact	
First Name	Tyler
Last Name	Klypchak
Phone Number	2165835084
Ext.	5084
Department	CSM
Title	Client Service Manager
Email Address	tdklypchak@fittechnologies.com

The information collected included:

- Center & Contact Information
- Users Lists
- Telephony System Information
- Phone Line Type and Information
- Call Reporting
- Call Queues
- ISP Information

Call Center Telephone System Information	
EHR System in Place	Carelogic / Qualifacts
Telephone System in Place	XBP Broadvoice
Model	SG-2440
Vendor	Broadvoice
Vendor Contact Phone Number	(866) 538-6188
Equipment in place:	Meraki MX65
	MR18
	MR33
	Dell Poweredge R230
	Cisco Catalyst Series SI 2960-S
	HP 48G V91910
	Uplinkit EdgeSwitch 16
This is a Cloud Hosted Phone Solution. The SG-2440 acts as a local cache of the phone rules	

Screenshots from Excel Sheets

These templates are housed in a shared environment and shared with each of the crisis centers during an introductory meeting. This provides all parties with the most up to date information and allows our internal team to be notified of any changes that were made to the templates for proactive monitoring.

And our team followed a systematic approach for consistent and complete documentation

We introduced our team to the key stakeholders at each crisis center through an introductory email. This initial email established our team's role in the 988 transition and facilitated the scheduling of an initial meeting. During this meeting, our team worked to establish realistic expectations and next steps with the crisis centers.

Greetings,

My name is David Perez, Manager and Project Director of the OhioMHAS 988 Transition team from The **PIRE/Advancement Strategy Team**. We would like to hold a brief meeting with you and collect some information from you.

Action: We would like to meet with you for 30 minutes, as you were identified as the point of contact for **The Nord Center**. We would like to collect information related to current phone system and telephone lines.

Next Step: Please provide us with a couple of available dates and times for my colleague Carson Banks and I, we will schedule accordingly.

Background: This **988 Transition Project** will support OhioMHAS in understanding service needs and gaps related to crisis care, coverage of existing hotline numbers, and needs related to 988 rollout and implementation. This project focuses on Lifeline providers and will help OhioMHAS (1) understand the economic impacts of the 988 transition and (2) understand technology needs, best practice technology system (and the costs of that technology) of current and onboarding Lifeline providers in Ohio.

We look forward to meeting with you,

David Perez | Manager - Systems Engineer

Advancement Strategy Consulting
6751 Columbia Gateway Drive, Suite 412
Columbia, MD 21046
Office: 410.732.6600 x.712

An example of the introductory email sent to the crisis centers

Our team explained the following process to each of the crisis centers during our initial meeting:

- A secure location for the file was established and shared with the crisis centers
- Key point of contact from both parties was established
- A clear timeline for completion of the templates laid out and agreed on
- Our team would continue to send follow-up emails to facilitate data collection

Our team has continued to update PIRE biweekly on our progress with each crisis center and where incremental support is needed.

This is a preliminary report and work remains in process. Our team has collected 65% of the crisis center technology inventory and is working to finalize the remaining crisis centers

Legend
All information is missing
Some information is missing
All necessary information has been provided

CRISIS CENTER	MISSING INFORMATION
Scioto Paint Valley Mental Health Center	None
Sojourner Recovery	None
Portage Path Behavioral Health	None
Frontline services	None
Pathways of Central Ohio	None
North Central Mental Health Services	None
Coleman Professional Services	None
We Care Regional Crisis Center Coleman Professional Services	None
Hopewell Health	None
Townhall 2	None
Talbert House	System Equipment; Phone line information; Additional Reporting; Any Call Queues; ISP Information
The Nord Center	DID/Extension List; Call Queues (if any)
NetCare Access	DIDs/Extensions (we have total number of users)
Help Network of Northeast Ohio	All
Clermont County Crisis Hotline	All
Helpline Delaware/Morrow	All
A Renewed Mind	All
Ravenwood Health	All
Samaritan Behavioral Health, Inc CrisisCare	All
The Counseling Center, LLC	All

Next steps



The next steps are:

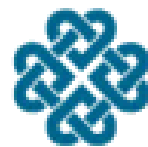
1. Continue finalizing the “Current State” by documenting the remaining crisis centers and finalize the technology inventory reports
2. Analyze the crisis center technology landscape summaries
3. Perform a current marketplace “Landscape Analysis” for telephony systems and other technology
4. Determine “Viable Solutions” leveraging the crisis center technology landscape summaries and our marketplace analysis
5. Showcase a prototype spatial map for incremental analysis on the crisis centers in relations to population density and other factors

The next milestone is to complete a “Landscape Analysis” for telephony systems and other technology to facilitate the completion of the final milestone.

**Crisis center
technology inventory
summaries**



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PIRE

We Care – Coleman inventory summary

Center Information	
Center Name	We Care Regional Crisis Center Coleman Professional Services
Center Name (Short)	We Care-Coleman
Center Key	OH000419
Status	Online
Address	797 S Main St Lima, OH 45804
Area Code(s) Served	567,419, some 440
Counties Served	Allen, Auglaize, Hardin
Primary Languages	English
System Information	
Phone Line Type	DID
Total Phones	15
Total Lifelines	5
EHR System	Carelogic / Qualifacts
Telephony System & Model	Mitel - MiVoice Office 250
Equipment in place:	Dell PowerConnect 3524P x5
	Domain Controller 3 - Dell PowerEdge R230
	Dell PowerConnect 3524P - 24 port POE Switch
	Phone System - MITEL HX Controller ID# SSL0181985
	WatchGuard Firebox M300
	Cisco Meraki MX84-HW
Total Reports Used/Desired	10
Total Call Queues	6 Call Queues in Place
Current ISP	Spectrum- Fiber
Contacts	
Name	Email
Michele Siudak	Michele.Siudak@colemanservices.org
Tyler Klypchak	tdklypchak@fittechnologies.com
Rochelle Jimenez	Rochelle.Jimenez@colemanservices.org
Hattie Tracy	Hattie.Tracy@colemanservices.org
Corey Drexler	cdrexler@fittechnologies.com
Lori Acerro	lori.acerro@colemanservices.org
Margaret Lawrence	margaret.lawrence@colemanservices.org
Pending Information	
None	

The We Care – Coleman crisis center is in Lima, OH and primarily services area codes: 567,419 and parts of 440.

We Care – Coleman uses a Mitel Telephony system, which consists of 15 total DID lines. Five of those are dedicated solely to the Helpline. The center also has fiber internet provided by Spectrum.

Townhall II inventory summary

Center Information	
Center Name	Townhall II
Center Name (Short)	Townhall II
Center Key	OH123330
Status	Onboarding
Address	155 N Water St Kent, OH 44240
Area Code(s) Serviced	330; 234; 440 (partials in Portage County)
Counties Serviced	Portage
Primary Languages	English

The Townhall II crisis center is in Kent, OH and primarily services area codes: 330, 234, and parts of 440.

System Information	
Phone Line Type	Copper DID
Total Phones	7
Total Lifelines	4
EHR System	iCarol
Telephony System & Model	Panasonic KX-TDE 200
Equipment in place:	KX-DT343 Phones
Total Reports Used/Desired	iCarol's Reporting Suite
Total Call Queues	2 Call Queues in Place
Current ISP	Spectrum- Fiber

Townhall II has all copper phone lines supporting the Helpline. They leverage iCarol for all their reporting and EHR needs.

Contacts	
Name	Email
Paul Dages	PaulD@townhall2.com
David Stanek	DavidS@townhall2.com
Andrea Miller	AndreaM@townhall2.com

Pending Information
None

Talbert House Technology Assessment

Center Information	
Center Name	Talbert House
Center Name (Short)	Talbert House
Center Key	OH000514
Status	Online
Address	4531 Reading Road Cincinnati, OH 45229
Area Code(s) Served	513
Counties Served	Hamilton; Some of Butler and Warren
Primary Languages	English
System Information	
Phone Line Type	DID
Total Phones	N/A
Total Lifelines	15
EHR System	Records are manually inputted;
Telephony System & Model	Mitel transitioning to Cloud Tower (VOIP) Using Teams to call
Equipment in place:	
Total Reports Used/Desired	Calls per Month & other standard reports
Total Call Queues	
Current ISP	
Contacts	
Name	Email
Sam Murphy	Samuel.murphy@talberthouse.org
Alexander Rulon	alexander.rulon@talberthouse.org
Pending Information	
System Equipment; Phone line information; Additional Reporting; Any Call Queues; ISP Information.	

Talbert House is in Cincinnati, OH and services Area Code 513.

Currently, Talbert House has 15 lines that support the Helpline. All of these are a DIDs on a Mitel system. Talbert House is in the process of upgrading to a VOIP system and will provide any additional information after the transition has been completed (estimated mid-Oct 21).

Scioto Paint Valley Technology Assessment

Center Information

Center Name	Scioto Paint Valley Mental Health Center
Center Name (Short)	Scioto Paint Valley
Center Key	OH740456
Status	Online
Address	4449 State Route 159 Chillicothe, OH 45601
Area Code(s) Served	
Counties Served	Adams, Brown, Highland (primary) Fayette, Pickaway, Pike, Ross (backups)
Primary Languages	English

The Scioto Paint Valley crisis center is in Chillicothe, OH and primarily services Adams, Brown, Highland counties.

System Information

Phone Line Type	CKT 1 999-200-5681 CB13 21/43
Total Phones	80
Total Lifelines	8
EHR System	CareLogic
Telephony System & Model	ShoreTel
Equipment in place:	ShoreTel SGT1
	ShoreTel SG50
	ShoreTel SG50
	ShoreTel SG50
	HP-E5412zl core switch
	Cisco 3925 core router (to be upgraded this year)
	SonicWall SMA 400 (SSL-VPN)
	SonicWall NSa 3700 Firewall
HP-2920-48G-POE+ x2 downlink to lower level of building	
Total Reports Used/Desired	6
Total Call Queues	4 Call Queues in Place
Current ISP	Spectrum Fiber

While Scioto Paint Valley has 80 DIDs across their organization, only 8 DIDs support the helpline. SPV is in the process of migrating from their ShoreTel system to an Accent VoiceOne VOIP System.

Contacts

Name	Email
Steven Montgomery	smontgomery@spvmhc.org
Tonnie Guagenti	tguagenti@spvmhc.org

Pending Information

None

Sojourner Recovery Technology Assessment

Center Information	
Center Name	Mental Health Crisis Hotline, Community Health Alliance
Center Name (Short)	Sojourner Recovery
Center Key	OH513456
Status	Online
Address	294 N Fair Ave Hamilton, OH 45011
Area Code(s) Served	
Counties Served	Butler, Clinton, Montgomery, Preble, Warren
Primary Languages	English
System Information	
Phone Line Type	Hosted IP PBX
Total Phones	
Total Lifelines	
EHR System	Not in place
Telephony System & Model	Cisco Cloud Based
Equipment in place:	Cisco Meraki MX64
Total Reports Used/Desired	6
Total Call Queues	
Current ISP	Spectrum - Dedicated FIA
Contacts	
Name	Email
Shane Joseph	sjoseph@sojournerrecovery.org
Jeff Menefee	jmenefee@sojournerrecovery.org
Pending Information	
Number of Users & Call Queues	

Sojourner Recovery is located in Hamilton, OH and primarily services the counties of Butler, Clinton, Montgomery, Preble, and Warren.

Sojourner Recovery uses a Cisco cloud-based PBX to for their telephony system. All calls are handled on desktop workstations running Windows 10. We will need to confirm HIPPA compliance and text functionality with this system.

Portage Path Technology Assessment

Center Information	
Center Name	Portage Path Behavioral
Center Name (Short)	Portage Path
Center Key	OH330000
Status	Online
Address	10 Pennfield Ave Akron, OH 44310
Area Code(s) Serviced	330; 234
Counties Serviced	Summit
Primary Languages	English

Portage Path is in Akron, OH and services Summit county.

System Information	
Phone Line Type	IP FLEX PRI
Total Phones	N/A
Total Lifelines	3 DID lines with 8 Extensions
EHR System	iCarol
Telephony System & Model	Iwatsu ECS V12 - ECS Campus
Equipment in place:	ECS PBX V12
	27 - ICON 5930 IP phones
	2 - Panasonic Cordless handsets
	4 port VM (SEVMC)
	Campus with Broadway location
	AT&T IP Flex PRI wit 23 DNIS numbers
	8 Analog single line ports
Total Reports Used/Desired	17 reports
Total Call Queues	N/A
Current ISP	Spectrum - Fiber

Portage Path has an Iwatsu ECS phone system and has 3 DIDs that ring all the extensions for the lifeline.

Contacts	
Name	Email
Amanda Marunich	amarunich@portagepath.org
Elizabeth White	ewhite@portagepath.org

Pending Information	
None	

Frontline Services Technology Assessment

Center Information	
Center Name	Frontline Service
Center Name (Short)	FrontLine
Center Key	OH130000
Status	Online
Address	1744 Payne Ave Cleveland, OH 44143
Area Code(s) Serviced	
Counties Serviced	Cuyahoga
Primary Languages	

The Frontline crisis center is in Cleveland, OH and serves Cuyahoga County.

System Information	
Phone Line Type	DID
Total Phones	71
Total Lifelines	46
EHR System	Evolv
Telephony System & Model	Mitel/Five9
Equipment in place:	Lenovo Laptops
	Lenovo Desktops
	Wired Headsets
Total Reports Used/Desired	Call Volume & Call Statistic Reports
Total Call Queues	3 Call Queues in Place
Current ISP	AT&T - Fiber (100MB)

Frontline Services uses a Mitel DID system backed up with a Five9 VOIP system. Operators use Lenovo workstations to carry out their duties.

Contacts	
Name	Email
Tyler Klypchak	tdklypchak@fittechnologies.com
Rick Oliver	Rick.oliver@frontlineservice.org

Pending Information	
None	

Pathways of Central Ohio Technology Assessment

Center Information	
Center Name	Pathways of Central Ohio
Center Name (Short)	Pathways
Center Key	OH000740
Status	Online
Address	1627 Bryn Mawr Dr Newark, OH 43055
Area Code(s) Serviced	
Counties Serviced	Knox, Licking, Marion, Morgan, Muskingum, Perry, Pickaway, Washington, Crawford
Primary Languages	English
System Information	
Phone Line Type	VOIP
Total Phones	N/A
Total Lifelines	11
EHR System	Refernet
Telephony System & Model	3CX
Equipment in place:	Windows-based server
	Patton FXO gateway
	Telephones - Yealink T54w
Total Reports Used/Desired	3 - including call volume & staff reporting
Total Call Queues	13 call queues total
Current ISP	Spectrum - Fiber
Contacts	
Name	Email
Krisitin McCloud	kmcloud@pathwaysco.org
Russ Mackiewicz	Russ@bigohio.com
Pending Information	
None	

Pathways of Central Ohio is in Newark, OH and services a variety of different counties across east Ohio.

Pathways currently has a VOIP system with 11 users supporting the lifeline on Spectrum Fiber internet. This crisis center has call queues and users on the system supporting other lines simultaneously.

North Central Mental Health Services Technology Assessment

Center Information	
Center Name	North Central Mental Health Services
Center Name (Short)	North Central
Center Key	OH131000
Status	Online
Address	1301 N. High St. Columbus, OH 43201
Area Code(s) Serviced	614 (primary) 740 (backup)
Counties Serviced	Franklin
Primary Languages	English

North Central Mental Health Services is in Columbus, OH and serves Franklin county.

System Information	
Phone Line Type	DID
Total Phones	N/A
Total Lifelines	5
EHR System	iCarol
Telephony System & Model	ACD - Shoretel
Equipment in place:	4 wired telephones
	1 cordless telephone
Total Reports Used/Desired	19
Total Call Queues	There are no current call queues in place
Current ISP	Spectrum - Fiber

North Central has a Shoretel DID system with 5 lines supporting the lifeline. They are also more active on the reporting side leveraging 19 reports.

Contacts	
Name	Email
Hannah Thompson	hthompson@ncmhs.org
Kenneth Agee	kagee@ncmhs.org

Pending Information	
None	

Help Network of Northeast Ohio Technology Assessment

Center Information	
Center Name	Help Network of Northeast Ohio
Center Name (Short)	Help Network
Center Key	OH127000
Status	Online
Address	261 E Wood St Youngstown, OH 44503
Area Code(s) Served	216, 440
Counties Served	Columbiana, Mahoning, Medina, Trumbull
Primary Languages	English

Help Network of Northeast Ohio is in Youngstown, OH and services Columbiana, Mahoning, Medina, and Trumbull counties.

System Information	
Phone Line Type	
Total Phones	
Total Lifelines	
EHR System	
Telephony System & Model	
Equipment in place:	
Total Reports Used/Desired	
Total Call Queues	
Current ISP	

Help Network is in the process of providing system information and is working closely with the ASC team.

Contacts	
Name	Email

Pending Information	
All	

Clermont County Crisis Line Technology Assessment

Center Information	
Center Name	Clermont Brown Crisis Hotline
Center Name (Short)	Clermont City
Center Key	OH513123
Status	Active
Address	4629 Aicholtz Road Cincinnati, OH 45244
Area Code(s) Serviced	513,937
Counties Serviced	Clermont, Brown
Primary Languages	English

Clermont Brown Crisis Hotline is in Cincinnati and services Clermont and Brown counties.

System Information	
Phone Line Type	
Total Phones	
Total Lifelines	
EHR System	
Telephony System & Model	
Equipment in place:	
Total Reports Used/Desired	
Total Call Queues	
Current ISP	

The ASC team is still working with the Clermont Brown team to obtain additional information after our initial call on 7/21/21.

Contacts	
Name	Email
Desiree Marler	dmarler@child-focus.org
Cathy Krieg	ckrieg@child-focus.org

Pending Information
All

Helpline Delaware/Morrow Counties Technology Assessment

Center Information	
Center Name	HelpLine of Delaware and Morrow Counties
Center Name (Short)	HelpLine
Center Key	OH128000
Status	Online
Address	40 N Sandusky St # 301 Delaware, OH 43015
Area Code(s) Serviced	
Counties Serviced	Delaware, Morrow
Primary Languages	

HelpLine of Delaware & Morrow Counties is in Delaware, OH and services Delaware and Morrow Counties.

System Information	
Phone Line Type	
Total Phones	
Total Lifelines	
EHR System	iCarol
Telephony System & Model	
Equipment in place:	
Total Reports Used/Desired	
Total Call Queues	
Current ISP	

The ASC team is still working with Helpline to collect detailed system information.

Contacts	
Name	Email
Susan Hanson	shanson@helplinedelmor.org

Pending Information	
All	

Coleman Professional Services Technology Assessment

Center Information	
Center Name	Coleman Professional Services
Center Name (Short)	Coleman Svcs
Center Key	OH125000
Status	Online
Address	2421 13th St. NW Canton, OH 44708
Area Code(s) Serviced	234, 330 (backups)
Counties Serviced	Carroll, Holmes, Portage, Stark, Tuscarawas, Wayne
Primary Languages	English
System Information	
Phone Line Type	VOIP DID
Total Phones	41
Total Lifelines	6
EHR System	Carelogic / Qualifacts
Telephony System & Model	XBP Broadvoice - SG-2440
Equipment in place:	Meraki MX65
	MR18
	MR33
	Dell Poweredge R230
	Cisco Catalyst Series SI 2960-S
	HP 48G V91910
	Upiquiti EdgeSwitch 16
Total Reports Used/Desired	10
Total Call Queues	11
Current ISP	Spectrum - Fiber
Contacts	
Name	Email
Michele Siudak	Michele.Siudak@colemanservices.org
Tyler Klypchak	tdklypchak@fittechnologies.com
Corey Drexler	cdrexler@fittechnologies.com
Pending Information	
None	

Coleman Professional Services is in Canton, OH and services Carroll, Holmes, Portage, Stark, Tuscarawas, and Wayne counties.

Coleman Services has a XBP Broadvoice DID phone system and is using a Carelogic EHR system to support the lifeline.

Hopewell Health Technology Assessment

Center Information	
Center Name	Hopewell Health Centers, Inc.
Center Name (Short)	Hopewell
Center Key	OH456740
Status	Onboarding
Address	7976 Dairy Lane Athens, OH 45701
Area Code(s) Served	740
Counties Served	Athens, Hocking, Vinton, Gallia, Jackson, Meigs
Primary Languages	English
System Information	
Phone Line Type	POTS
Total Phones	N/A
Total Lifelines	24
EHR System	eClinicalWorks
Telephony System & Model	Norstar
Equipment in place:	Qty: 5 xxx model analog phones
Total Reports Used/Desired	N/A
Total Call Queues	N/A
Current ISP	Spectrum - Coax
Contacts	
Name	Email
John Wolfe	John.Wolfe@hopewellhealth.org
Joshua Moles	Joshua.Moles@hopewellhealth.org
David Schenkelberg	David.Schenkelberg@hopewellhealth.org
Pending Information	
None	

Hopewell Health Centers, Inc. is in Athens, OH and services Athens, Hocking, Vinton, Gallia, Jackson, and Meigs Counties.

Hopewell uses a Norstar telephone system. Currently, they do not have any call queue or reporting capabilities on their system.

The Nord Center Technology Assessment

Center Information	
Center Name	The Nord Center
Center Name (Short)	The Nord Center
Center Key	OH000440
Status	Online
Address	6140 S Broadway Lorain, OH 44053
Area Code(s) Serviced	
Counties Serviced	Lorain (primary) Erie, Huron (backups)
Primary Languages	English; Spanish

The Nord Center is in Lorain, OH and primarily serves Lorain county.

System Information	
Phone Line Type	DID
Total Phones	270
Total Lifelines	N/A
EHR System	SmartCare by Streamline
Telephony System & Model	Mitel - Connect
Equipment in place:	5 x SG90
	1 x SG50
	1 x SG220T1
	1 x SGT1K
	1 X ST50A
	Virtual Edge Gateway
	Virtual Phone Switch + Spare
	Virtual Trunk
	HQ Server
	All Procurve/Aruba 1Gig POE Switches
Total Reports Used/Desired	Call Volume & Abandonment Rates
Total Call Queues	N/A
Current ISP	Spectrum - 500MB fiber

The Nord Center has a Mitel DID system and a SmartCare EHR system across all lines they service. Currently, The Nord Center does not leverage any call queues.

Contacts	
Name	Email
Jack Holt	Jholt@nordcenter.org
Brooke Sherman	Bsherman@nordcenter.org

Pending Information	
DID/Extension List; Call Queues (if any)	

NetCare Access Technology Assessment

Center Information

Center Name	Netcare Access
Center Name (Short)	Netcare
Center Key	OH614123
Status	Onboarding
Address	199 S. Central Avenue Columbus, OH 43223
Area Code(s) Serviced	614, 740, 419
Counties Serviced	Franklin and surrounding
Primary Languages	English, Spanish, Somali

Netcare Access is in Columbus, OH and services Frankly and its surrounding counties.

System Information

Phone Line Type	Circuit, DID
Total Phones	219
Total Lifelines	N/A
EHR System	Netsmart MyAvatar
Telephony System & Model	Mitel Connect Contact Center
Equipment in place:	2 PRI Switches
	1 Analog Switch
	2 Digital Switches
	Mitel CCD Director (Windows 2016 Server)
	Mitel Director (Windows 2016 Server)
	CCIR Reporting Server
Total Reports Used/Desired	Brightmetrics Reporting Suite
Total Call Queues	5 Call Queues are in Place
Current ISP	Lumen - 1 GB Fiber

Netcare uses a Mitel DID phone system with over 200 users across their system. Currently they have a robust reporting and EHR system in place.

Contacts

Name	Email
Carrie Wirick	cwirick@netcareaccess.org
Wayne Smith	wsmith@netcareaccess.org
Brian Stroh	bstroh@netcareaccess.org

Pending Information

DIDs/Extensions (we have total number of users)

A Renewed Mind Technology Assessment

[Awaiting data from crisis center]

We have reached out to A Renewed Mind for an initial meeting to begin the information gathering process.

Ravenwood Health Technology Assessment

[Awaiting data from crisis center]

We have reached out to Ravenwood Health for an initial meeting to begin the information gathering process.

Samaritan Behavioral Health Technology Assessment

[Awaiting data from crisis center]

We have reached out to Samaritan Behavioral Health for an initial meeting to begin the information gathering process.

The Counseling Center, LLC Technology Assessment

[Awaiting data from crisis center]

We have reached out to The Counseling Center, LLC for an initial meeting to begin the information gathering process.