



988 Planning Committee Meeting Notes Thursday, August 19, 2021 - 3:00-4:30 pm

Present: Megan Burke, Kathy Campbell, Thom Craig, Daniel Eakins, Kythryn Carr Harris, Soley Hernandez, Kari Hertel, Richard Howell, Teresa Humphries-Wadsworth, Rob Jackson, Kraig Knudsen, Austin Lucas, Amanda Marunich, Greta Mayer, Ken Minkoff, Charley Moses, Mary Musielewicz, Matthew Parrish, Duane Piccirilli, Amy Priest, Nishi Rawat, Alexander Rulon, Luke Russell, Robert Stewart, Christopher Thomas, Kirsten Thompson, Marianne Townsend, Justin Trevino, Cheri Walter, Andy White, Aaron Williams

Vibrant: Matthew Courser

OhioMHAS: Bobbie Boyer, Alisia Clark, Stacey Frohnapfel-Hasson, Christopher Nicastro

Recorder: Lynette Cashaw-Davis

1. Welcome – Bobbie Boyer, Deputy Director, OhioMHAS
 - Lifeline Provider Workgroup update
 - We were able to reach out to the Lifeline providers this month regarding the application process with Vibrant; 2 providers anticipate starting to take calls in Sept. and another provider will start in Jan.; 4 other providers are in process of completing application; on our meeting next week we'll continue to focus on quality assurance and building capacity.
2. 988 Planning and Implementation Progress Update – Stacey Frohnapfel-Hasson, Prevention Chief, OhioMHAS
 - i. Expansion of 988 Coverage
 - Reminded that although we are working on the transition to 988 - this work (NSPL number) is currently ongoing and continues to function for folks including veterans and military service personnel. The work that's being done is to make it the best transition possible and an improved system with greater access.
 - ii. Marketing subcommittee
 - Marketing subcommittee has started to meet. Looking at what does it look like as we talk about 988: "you're not alone," "help is available," "talk to someone now"; from Lifeline website "the lifeline provides 24/7"

free and confidential emotional support for people in distress, prevention and crisis resources.”

- Educating our communities about 988 (includes the rest of the behavioral health system of care, safety and emergency response systems); not yet talking about with the general public.
- Recently SAMHSA has stated that none of the states should be doing general public marketing until July 2022 - knowing this, helps us focus on what we can do now to educate our community from a behavioral health, public safety service structure - not needing to go beyond that until we know more about what the national marketing looks like.
- Based on the onboarding of additional lifeline providers, will be redrawing the coverage map in October; we lost a provider at the end of June, but we gained Child Focus of Clermont and Brown in July and will add a southern provider in September; when redrawing the map in October/November, we intend to pick up many counties that don't have any coverage now except for overflow that goes to back-up providers; all of that will be categorized in our implementation plan.

iii. Expansion of Communities' Crisis Care Continuum

- Stacey: Each community should be looking at this now - what do you have? what do you need? where are the gaps? We are all in this together when it comes to building out this crisis care system and identifying every possible resource to fill those gaps.
- Alisia Clark: The director has been very deliberate with her approach - that is the local system will be responsible for building out the continuum of care for their system; as each community comes together and looks at the needs of their community, they will be able design the needs of their population (following the lead of their ADAMH boards); our charge is in providing another biennium of resources, Ohio Crisis Task Force will be looking at what is that optimal system?; what are the elements of the crisis continuum that make sense in every community?
- Ken Minkoff: Thinking about the *Roadmap to the Ideal Crisis System* report we did with the group for the Advancement of Psychiatry and the National Council, we're all moving toward understanding that behavioral health crisis services are really services that might be needed by everybody (just like police, fire, ambulance, emergency services); we have always come together to develop safety net responses in other areas, we're finally realizing we need to solve behavioral health problems the same way.

iv. Plan Template and Implementation Draft Development - Matt Courser

Ohio's 988 Implementation Plan Template and Development (will send out these slides):

DRAFT Key State Priorities

Priority #1: Increase Lifeline provider service capacity to ensure that calls, chats, texts are answered in state.

- When thinking about service capacity for 988 and benchmarks we have to plan for? What do you see as important in this priority area?
 - Cheri - wondering is there anything about the quality of the answer and about the referral made - what happens after you answer the call?
 - Also, if 50% of chats are being answered in state and 50% out of state - how will other states know what needs to happen in terms of referrals in our state?
 - Matt - Quality is addressed in Priority #5 and referrals are addressed in Priority #2
 - Stacey - Vibrant will not be able to geolocate chats and text for about a year or longer; we talk about Ohio's capacity based on how many people from Ohio are chatting and texting; but they're all going into one big (national) bucket, and it's completely random where they end up being responded to at this point; while we will be working towards capacity over this next year, we still will not be answering our own chats and texts - thus the importance of the resource directory to be created that will be available to call centers in Ohio but also to other states who will be answering chats, texts and overflow calls over the next year.
 - Thom Craig - is there a plan for interoperability between the text services and local communities that are answering calls - could the text centers be connected to all our call centers to increase the capacity of our call centers?
 - Matt - the vision is that we put the resource directory online so that everyone has access to it.
 - Stacey - this is one of our very first priorities - we understand the variability of how folks are accessing resources now - the goal is to have all resources needed in an online system - available to any call line provider and any service provider in the state.
 - Justin Trevino - that's our vision with the OpenBeds project - informing clinicians and the public of all the available resources.

- Greta - when we're talking about different systems and exchanging information - what are the definitions, what are the common terms between our systems?
- Stacey - mentions the development of a lexicon of crisis care terms.
- Ken Minkoff – is this part of the quantification of the call, chat text to beginning to move away from calling 911 and using 988 instead? and is one of the priorities tracking the increased use of 988 in lieu of 911?
- NOTE ADDED: Tracking metrics are being built into the call center systems moving forward, although whether someone chose to call 988 instead of 911 may not be shared in a crisis call. An "Interim Lexicon" is being developed by the MHAS Crisis Consultants in partnership with Peg's Foundation.

Priority #2: Ensure all providers have needed systems and technology to provide quality service to Lifeline users.

Priority #3: Optimize regulatory environment to support operations, funding, and support of 988 in Ohio.

Priority #4: At least one new state-level or federal funding source is identified and utilized to support 988 operations.

Priority #5: Develop and bring to scale an ongoing training and support series to ensure service quality.

- Other thought and comments on what's there and not there:
 - Alex - when I look at the call report from the NSPL for Ohio providers, I'm blown away by the number of providers we have in Ohio that already answer at a rate of 90% or higher for their local NSPL answer rates.
 - Megan Burke - do we need to talk about workforce recruitment? We will need more workforce to handle the increase in calls.
 - Matt – we will need to address workforce in this plan - from pay rates to career pathways to ongoing needs assessments.
 - Greta - YES! Workforce is so key and strained across the state.
 - Soley Hernandez - Agree, it will be difficult to increase percent of calls taken in Ohio, especially with anticipated increase in call volume when 988 goes into effect.
 - Stacey - we work with the College of Social Work for OSU - they are building a new component for internships with call

- centers, hotlines/helplines, etc.; the students will have an opportunity to experience that segment of the work and seeing that as a career path.
- Thom Craig - in terms of this plan, what span of time are we looking at for implementation of these goals? And is there a next tier of work for the policy changes and enhancements to further increase volume when some of the other elements of the crisis continuum are in place? Thinking about regulatory practices that affect 988, will have to do with 911, with rules that affect EMS and hospitals for drop offs - for these 2nd tier elements we're not yet ready for?
- NOTE ADDED: The plan covers this year of implementation planning and the next year through June 2023. The work on making the NSPL/988 system better and better aligned in concert with 911/PSAPs and other crisis care systems will continue well beyond that timeframe – indefinitely.

988 Implementation Plan Core Areas:

- Within these we can build in a lot of strong details regarding the themes we've talked about today?
- Stacey - the plan is focusing on about 2 years - so none of these priorities will be expected to happen within the first year necessarily; especially things like the technology pieces that will have to be phased in.

Logistics and Timeline

- Matt - Right now, we're working to plug into the template the information from the needs assessment; our draft implementation plan to Vibrant is due by September 30; the final plan is not due until January 31.
- We want to share the draft plan with you prior to the September 16 meeting; because the template itself is 30 pages - the plan will be extensive, and we will most likely use most of the September 16 meeting for reviewing the draft plan with your feedback and questions.
 - Cheri - will the draft plan be public? also want copy of slides.
 - Stacey - will check with Public Affairs - most likely will be public.
 - Soley - concerned that folks are worried that every proposed crisis service (MRSS, crisis stabilization units, etc. must be in effect by July 2022); possibly because they saw the 988 legislation that ties MRSS with 988 hotlines; want Alisia Clark to be aware of that.
 - Other issue is the priorities and the call transfers - some of the current non-NSPL hotlines in Ohio are starting to ask what is going on with 988? how does that impact those of us

who will not be 988 hotlines and how should we be planning?
How will we interface?

- Vince - In terms of using students into call centers, it actually makes more work on the provider in the end.
- Stacey - we are working on these plans and resources to ensure that all of Ohio's hotlines and helplines benefit, regardless of whether or not they are 988 NSPL call centers; this will help ensure that regardless of what number someone calls for a behavioral health crisis, he/she will receive the best possible care.

3. OpenBeds Registry Overview – Appriss Health, Nishi Rawat

OpenBeds Crisis Management Solution: Connecting Providers, Clinicians & Communities to Coordinated Crisis Care (slide deck is proprietary)

- Justin Trevino - in Ohio it is an initiative to identify in-patient psychiatric beds and help people get out of emergency departments.
 - This is really a resource connection tool for all levels of behavioral health care: in-patient beds, residential beds, out-patient, treatment slots; also, innovative connecting with social services, housing, and other resources.
 - There is a clinicians' side of this that hooks up treatment providers and other service agencies to make referrals, and there's a public side called Treatment Connections where they can access and interact with the providers on the network; begun in NE Ohio, Cuyahoga county has gotten off to good start, hope to get the product to much of Ohio.
- Nishi Rawat - Company Overview - OpenBeds Solution Overview - Demonstration
- Questions and Discussion:
 - Andy White - What is the timeline for statewide expansion of OpenBeds? And does the state envision using OpenBeds as part of the overall 988 client process (intake, mobile response, treatment referral, etc.)?
 - Cheri - how does this system work with the local front door crisis center for many systems? If call centers just go here and make recommendations, but at the same time we have many crisis systems in all the board areas that have a different front door - they contract with a provider to provide that service; how is this going to mesh up with that and couldn't we have some conflicts there?
 - Justin - the idea would be to sign up all kinds of different providers, call centers, physical locations so if someone walks into a crisis center, we hope would ideally have them signed up and on the OpenBeds portal,

and if they were accessing the call center then they'd route them wherever they would route them; the idea is that as long as we have as full coverage as possible the state would be coordinated, and you wouldn't trip over each other - it would be coordinated through this mechanism.

- Cheri - asking a different question - the crisis centers in certain board areas have a relationship with all the providers, continuity of care for the client; almost seems like a duplicate system in some areas where already have a front door - seems like 2nd front door.
- Duane - Like the idea of no wrong door no wrong number, but we've got to coordinate because some hotlines are at different levels of sophistication; some will answer the phone then coordinate a warm handoff to a place where there is a bed, some execute a referral
- Justin - we've tried to be very inclusive with the boards in this process; we want to understand each local community.

4. Subcommittee Chairs' Updates:

i. 988/911/211 Interoperability, Rob Jackson, DAS

- Our 9-8-8/9-1-1/2-1-1 sub-committee doesn't have an update other than we are having our final meeting next Friday and finalizing our Best Practices - we can present them next month if you like.

ii. Lifeline Providers, Bobbie Boyer, OhioMHAS (provided earlier)

iii. MRSS, Wilma Townsend, OhioMHAS (update sent out after the meeting)

iv. Needs Assessment, Matt Courser, PIRE (provided earlier)

5. Next Meeting Date: Sept. 16, 2021 at 3 pm

NOTE ADDED: Next meeting date changed to Sept. 23, 2021

- Next Steps: Will send subcommittee reports out along with the slide presentations