



988 Planning Committee Meeting Notes

Thursday, May 20, 2021

1. Welcome – Bobbie Boyer, Prevention Office Deputy Director, OhioMHAS
2. 988 Planning Progress Update – Stacey Frohnapfel-Hasson, Prevention Chief, OhioMHAS
 - Recently had a discussion with Vibrant Emotional Health (which manages the National Suicide Prevention Lifeline) around their chat and text format which will continue to be a platform called PureConnect
 - Ohio generated chats were approximately 10,000 from April 2020 - May 2021; and from Aug 2020 - May 2021 approximately 2,000 texts were generated
 - The costs for PureConnect will continue to be maintained by Vibrant, but only Frontline workers in Ohio are answering chats and texts (8% of total); does not connect to iCarol or 741741 text line
 - This shows a big gap in service; routing is by area codes and is coordinated with the veteran's lines and Trevor call line for suicide prevention; note that FCC has applied for 988 to become textable; currently chats and texts are routed from Vibrant
 - Large focus right now on finalizing Ohio's costs per call and costs per contact estimates and our volume projections – current and future
 - Lots of interaction with the 911 PSAP Centers; this interoperability is incredibly important
 - Continue to work with our behavioral health system of care (advocates, folks in recovery, legislature, telecom industry)
3. Ohio's 911 System Overview & Discussion – Rob Jackson, 9-1-1 Administrator, Ohio Department of Administrative Services
 - State's role in 911 is as liaison for the federal, state, county, local, private industry on 911 issues; we monitor the use of the state funding - \$ 0.25 per month on cell phone charges approximately \$26 million per year (97% goes to counties)
 - Also have a statewide support and compliance program - any Public Safety Answering Point (PSAP) or 911 professionals that answer wireless 911 calls must follow PSAP operation rules re: call answer times, EMR dispatch, having generator back-up, etc.

- Biggest project is to transition Ohio to next generation 911, statewide core services and ESINet, which means moving from old copper line telephone technology over to internet protocol and high-speed communications
- Since Ohio is a home rule state, the county level is where all 911 operations are handled; every county has a plan, staffing centers, answers calls and dispatches them directly; majority of funding is local (state funding only ancillary)
- Early days of emergency communication - telephone stickers on phone with 7 digit number; wireline 911 was first iteration; developed into Automatic Location Identification Information; Enhanced 911 included data with call; then Wireless 911 (mostly in cars), now Wireless enhanced 911 (cell phones)
- Next step in 911 industry: Next Generation 911 (able to determine your location within several feet via GPS in your cellphone): high speed fiber optic applications; availability of extra data (including height levels); texting to 911, pictures to 911 and eventually video to 911
- Trunk lines installed in PSAPs - backroom technical processing equipment and dispatch center equipment (calls connected to trunklines that go right into 911 Center); calls come in from wirelines, voiceover IP (VOIP), cellular and texting
- 911 telecommunicators have base training they must meet; all required to offer emergency medical dispatching; also specialized training tailored to their particular duties; Counties coordinate and run PSAPs by various agencies - sheriff departments, police departments, EMAs, even contracted non-profit organizations; counties vary from one 911 center to multiple
- For Next Generation 911 the vision is that the state will operate statewide core services - all backroom call processing and trunk lines going into individual 911 centers now, will be consolidated in 2 data centers run by the state; when call comes in it will terminate at the data center (for counties that signed up for the services); then the call will be processed and sent out across the emergency services internet protocol network (this network will connect 911 centers to each other)
- County would connect with last mile connection, they would handle the dispatch center equipment, how those calls are displayed, how they use that data and information to dispatch response
- What goes on in a 911 Center? Pat Brandt, Delaware County 911 Coordinator
 - Delaware county population is 200,000; supports everything outside city of Columbus, Dublin and Westerville; dispatch for 13 fire depts., county EMS, county EMA, Delaware City and Powell police dept.
 - We handle all domestic calls, suicide and mental health crisis calls; outside our jurisdiction we will take the call initially, but the sheriff's dept. will handle the law enforcement side of the call
 - We're funded by local property tax levy since 1989 renewed every 5 years; also get wireless funds (budget \$4.5 million - wireless funds less than 10%)

- For receiving wireless funds, we must adhere to section 5507 of OAC which covers minimum training standards and call answering standards (calls are monitored daily to assure compliance)
- We do receive texts messages (not all PSAPs in the state do at this time), via wireless, wired, internet-based connection, TTY for hearing impaired, alarm systems; also receive pictures from residences (infrequent)
- Depending on type of call we will refer, transfer or dispatch police, fire or EMT; since we receive wireless funds and under section 5507 we must do emergency medical dispatching - from giving basic medical information to caller, CPR instructions, use of AED or Narcan (all instructions have been reviewed by our on-staff medical director, all staff are continually trained)
- Utilize mapping to identify and verify caller locations
- Both our back-up call centers have the same standard of training and level of certification as our staff due to requirements of 5507
- Text 911 uses same phone system as for phone calls; shows phone number and x and y coordinates; utilizes pre-canned messages
- System is set up with any geographical point within county already pre-planned into system
- For mental health crisis calls, asking basic questions including breathing problems, harming themselves, weapons, violence now or previous; keep caller on the line until law enforcement arrives (note: suicide calls have increased greatly); Coco, our therapy dog, works with our first responders

Discussion:

- Bobbie asks - in all years of doing this work 1) what are lessons learned? 2) what are possibilities for partnerships?
 - Vendors exist that have software that call centers could benefit from regarding how best to manage calls
4. Ohio Costs and Call Volume Estimates from Vibrant & Discussion – Matt Courser, PhD, Pacific Institute for Research and Evaluation (PIRE/HBSA)
- PowerPoint Presentation (Stacey to send out)

Discussion: Soley notes the cost projections seem low, wonders if we have the data points collected that were used to come to those costs per calls?

- Matt notes we have data from the Lifelines' assessments and will be going back out to survey our providers on a personalized 1:1 fashion to get accurate data points
- Soley offers to assist with finding any of their members having problems reaching - can help facilitate those connections; also would be interested in seeing the difference between when people are calculating their costs per call including volunteers and not including volunteers - due to widely throwing off your costs
- Stacey also notes were not just talking costs per call - What is the desired state for these call centers for the folks who staff them - are they credentialed, training levels, benefits; those things that go into a professional staff

- Vince indicates that while looking at centralization vs decentralization, and when looking at is the data apples to apples, need to think about the implications of how we make these decisions - even from a dollar perspective - regarding local communities; need to do a deeper dive into the data to make sure it's being reported correctly
- Cheri asks whether research was done with only lifeline providers? Yes, the landscape analysis was only with the lifeline providers while we are finalizing more of a statewide survey which will go out more broadly; if we raise the rate for lifeline providers - that will impact other providers who may or may not get the offset if there's a fee on cell phones; so boards will be paying those providers - who may believe they should get paid the same as lifeline providers for the same service
- Matts notes that we will be build out our cost model for 988 in Ohio - cost per contact times volume; want to look at that system cost for the transition during year one; want to look at it from the provider level as well (key to making sure we have the systems in place to handle the volume, and we've got costs covered as well)
- We'll also try to project the costs out over a 5-year period
- Keep in mind that this transition will probably happen over time; so how can we handle the volume; how can we handle the costs given the cost structures and staffing models that our centers currently have

Discussion:

- Soley wonders that with 988 possibly becoming a textable option, yet some of our providers don't have the ability to respond via text with the exception of one, and do we have a timeline when we will know? And what would be necessary to bring more providers on to being able to provide texts, especially with adolescents who are more likely to text, who are we going to have respond to that?
 - Stacey notes that Vibrant has committed that Pure Connect will be available; we need to learn more about how that connection occurs
 - Soley remembers that Netcare tried to implement a chat feature on their website several years ago and ended up rolling it back; might be interesting to talk with them to see how that worked - what went well and what didn't
 - Stacey notes it was implemented on the Problem Gambling Helpline a few years ago, and it was doubling every year, now up to approximately 600 per year
 - Rachael informs us that chat and text are part of the planning grant and so chat will most surely be a part of the 988 rollout; text is still up to the FCC, and they are weighing whether or not that can be a textable option, so we'll know more once that decision has been made with the timeline TBD
- Tom wonders that given the number of 911s that exist in the state, do you foresee that possible 988s will be at that quantity, and if so do we want them to be at the lifeline level of training and credentialing? That would also factor into any cost estimates
 - Rachael notes that the federal legislation dictates that only providers who are part of the National Suicide Prevention Lifeline will be able to answer 988 calls

- Tom's concerned that if there are fewer 988 call centers than the number of 911/PSAPS, then the 988's coverage areas will have to be bigger to match up with current 911 centers
- Stacey notes that in terms of coverage it is a math problem, but now that we are engaged in a behavioral health system of care, we will have full statewide coverage which will improve our in-state answer rates

5. Next Meeting Date: June 17, 2021 at 3 pm