



988 Planning Committee Meeting Notes Thursday, July 15, 2021 - 3:00-4:30 pm

Present: Julia Applegate, Jan Bans, Elizabeth Bee, Emily Bhargava, Vince Brancaccio, Megan Burke, Kathy Campbell, Matt Courser, Joan Englund, Kythryn Carr Harris, Soley Hernandez, Terresa Humphries-Wadsworth, Austin Lucas, Charley Moses, Paul Nejedlo, Molly O'Neill, Duane Piccirilli, Amy Priest, Alexander Rulon, Luke Russell, Christopher Thomas, Kristen Thompson, Summer Tullier, Cheri Walter, Andy White

OhioMHAS: Bobbie Boyer, Stacey Frohnapfel-Hasson, Wilma Townsend

1. Welcome – Bobbie Boyer, Deputy Director, OhioMHAS
2. 988 Planning Progress Update – Stacey Frohnapfel-Hasson, Prevention Chief, OhioMHAS
 - AT&T, Verizon, Sprint and T-Mobile all have 988 live.
 - Added one of the onboarding call centers since last month: Child Focus in Cincinnati, Cathy Krieg, Asst Dir.
 - Answer rates have been going up as we've been shining a spotlight on this need and working with providers to address some challenges. We appear to be above 80% - which was a requirement for 988 by August.
 - One-month extension of grant and reporting pieces.
 - 988 Lifeline centers, stakeholders and advocates are discussing best practices for operation, clinical care and performance of Ohio's Lifeline call centers. More in the subcommittee reports.
 - Did a presentation for the OSPF Family Advocate steering committee yesterday and the discussion was both enlightening and invigorating. Encourage more of these opportunities to talk about the issue with your stakeholders. OhioMHAS leads will present as requested. 3-page overview coming soon and talking points are available now.
 - Interest continues from Ohio legislators: what should be in a bill; how narrow or broad is it focused; what state entity manages 988; funding elements and amounts; when do we introduce it. Meeting with possible sponsors this week and next, as well as other interested legislators.
3. Crisis Task Force Overview – Alisia Clark, Assistant Director, OhioMHAS

- Commitment to assuring that our crisis system is visible, accessible and that there is quality, person-centered services; and those services are properly connected so that there are proper handoffs between services and supports.
- Thinking of impact of COVID-19 and focusing on the interconnectedness of our services and providing those supports as we continue to engage them in services; also aftercare to mitigate the effects of COVID crisis.
- Comprehensive view of services in Ohio - how can we:
 - share opportunities for crisis coordination - strengthen the collaboration with stakeholders
 - provide stakeholder input on framework design and implementation of Ohio's ideal crisis continuum - are we inclusive in our approach and leveraging the necessary expertise as we are designing services to ensure they are accountable, collaborative and coordinated
 - provide input on policy roadmap in looking at optimal services; looking at current services, at the regulatory environment services delivered in, Medicaid payment policies, community payers, policy considerations; ensuring stakeholders are involved in conversations
 - Have released Crisis Whitepaper - policy framework for work OhioMHAS is currently doing, and recommendations on moving forward; goal is to have a full crisis continuum in each of our hospital catchment areas utilizing our biennium investments - will be working with regions, boards, and providers.

4. Subcommittee Chairs' Updates:

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

- Meeting scheduled for next week; developing white paper with best practices; our subgroups now have content to review in our 4 main areas (MOUs, Operations., Community Engagement, Technology)

ii. MRSS, Wilma Townsend, OhioMHAS

- Developing recommendations - protocols for questions around suicide with regard to children and families (ex., what's the issue, calling about self or someone else - is person under 21)
- what triage questions for folks to ask; will be writing up curriculum for training
- Question regarding the possibility that if call is concerning under 18, if call can be routed to MRSS person or assure every person is trained in working with families

- MRSS needs to be ready Jan 2022 - working on 2 other options
- iii. Lifeline Providers, Bobbie Boyer, OhioMHAS
- Identifying and prioritizing gaps between current operations and best practice standards:
 - Intersection of technology will have great impact on quality
 - effectiveness of warm handoffs
 - awareness of available resources and ability to access those resources
 - investments in open beds (none of our current providers are connected to that resource yet)
 - decentralization of some call center services via use of computers, or cell phone technology
 - recognizing need for effective training and staff development resources; challenges of sustaining a workforce (paid clinical staff or trained volunteers)
 - next meeting will focus on engagement and intervention
 - Dr. Trevino suggests that a Lifeline provider connect with him to attend an open beds meeting (are currently piloting work with a 211 line)
 - open beds registry currently provides regional resources (have started in NE Ohio) including inpatient psychiatric hospitals, emergency departments, court systems, both inpatient and outpatient, both substance use and mental health, NAMI, Ohio Council
 - public facing system - Treatment Connections coming soon - for anyone in Ohio to check what resources are in this system and how can they be accessed (OACBHA had a few concerns that needed to be addressed regarding contract)
- iv. Needs Assessment, Matt Courser, PIRE
- Needs assessment has focused on technology, cost and volume; surveys of our stakeholders and survey that will go out to consumers of our services
 - Next meeting to be focused on the plan due to Vibrant
 - Results of needs assessments - costs and volume projects continue to be a work in progress; technology assessment - we have a firm engaged that is working with our active and pending providers to

learn of the current technology landscape; also working with Vibrant to understand their new systems and requirements coming out for 988

- Working on a statewide survey of our boards and stakeholders related to transition to 988
- Also working on survey to consumers

DISCUSSION QUESTION: Describe the desired state for Ohio's 988 Suicide Prevention/Crisis Lifeline Call Centers.

- What does the system look like in 3-5 years?
- Soley – technology that is used; what we can do in the first year and then in the next 3-5 years; consistent between each of the lines; what makes sense to have a more consistent platform
- Stacey – the Federal infrastructure bill would include a chunk of mental health funds and 10% crisis set aside; all the states need more funds in this space; important benefit.
- Joan Englund; the workforce of the future; can we start using some money now with the workforce; training and pipeline issue; frontload now to have a culturally comp and prepared workforce
- Major concern of family advocates that there wouldn't be enough people to respond to the needs.
- Clinical Practices – discussion on volunteers also in our Lifeline Centers.
- Vince – thinking about that conversation; understand having volunteers; making sure they are properly trained; best practices; and how often they work; needs repetition to get good at it; needs to be a specific criteria; how often they work, etc.
- Soley – how call centers may have access to an HIE or open beds system; being able to be referred on to services through those systems.
- All Lifeline providers are also certified providers; the connection between EHR; may not have the Health Information Exchange; real time connection to all their records; they can see everything in their system.
- We have three providers using EPIC; common thread will be a high bar for the technology
- Workforce development dollars.
- Relationships with Universities and Colleges.
- We have a HRSA grant now encouraging those entering the field to sustain in this work.
- Soley – combines the technology and workforce concern that was brought up; knowing how much 2020 changed our world; instead of being scheduled from a shift at a brick and mortar location vs. at home availability with technology.

- Vince – there are some organizations that are doing remote work; know the supports within a call center; don't want that to be personal cell phone; vs. computer and logistical issues; having support from the board to get laptops.
- What should we consider today related to capacity-building, clinical standards and case follow-up?
- Mission for 988 – we are soliciting your input.
- Earliest figures are 7M a year; once 988 is launched; interfaces with health records and resources; how can we make this available to everyone.
- Workforce capacity – probably can't answer more calls with current staffing; they are maxed.
- Soley – how we are looking at rolling out these centers; other lines that are out there; training available for all lines; communication will be key and regularly; dollars for that;
- 988 MH and Addiction Crisis – Julia Applegate; starting to look at population specific messaging; rural; urban
- Training varies by population
- *Written comments are also welcomed.*

5. Next Meeting Date: Aug. 19, 2021 at 3 pm