



# Ohio's 988 Suicide Prevention Lifeline & Crisis Implementation Planning

*Promoting Wellness and Recovery*

**Mike DeWine**, Governor  
**Lori Criss**, Director

*988 will improve our ability to quickly connect Ohioans in crisis with community behavioral health treatment and social-service resources.*

## OHIO'S 988 IMPLEMENTATION PLANNING

Federal legislation requires all states to transition from a 10-digit National Suicide Prevention Lifeline number to 988 by July 16, 2022. In Ohio, a diverse group of interested stakeholders are meeting as a **988 Planning Committee** to develop a roadmap for how 988 will help align the state's crisis care system in a unified network – accessible by calling the easy to remember 988 number. Prominent issues being considered include:

- ◆ Increasing Ohio's call center coverage, including text and chat.
- ◆ Enhancing quality of services, referrals and follow-up with callers.
- ◆ Interfacing with 911, 211 and other helplines, hotlines and warmlines around the state.
- ◆ Ensuring a shared resource directory for mobile response, referrals, crisis stabilization, other services.
- ◆ Aligning how crisis services are dispatched through a 988 network.
- ◆ Marketing the new number to build awareness and make behavioral health crisis services more visible.
- ◆ Engaging in needs assessment to determine benchmarks of Lifeline calls and services.
- ◆ Establishing the state's 988 regulatory and funding structure utilizing data from needs assessment.

### 988 Planning Subcommittees

- Lifeline Providers
- Needs Assessment
- 988/911/211 Interoperability
- Mobile Response
- Marketing

When “no wrong door” crisis services are just words, unacceptable outcomes of this healthcare gap are:

- (1) high rates of incarceration for individuals with mental health challenges,
- (2) crowding of emergency departments that experience lost opportunity costs with their beds, and
- (3) higher rates of referral to expensive and restrictive inpatient care with extended lengths of stay because lower levels of intervention that better align with a person's needs are not available.

*~ National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit, SAMHSA 2020*

### PHASE 1-YEAR 1

**Support ongoing expansion of Ohio's crisis care system**

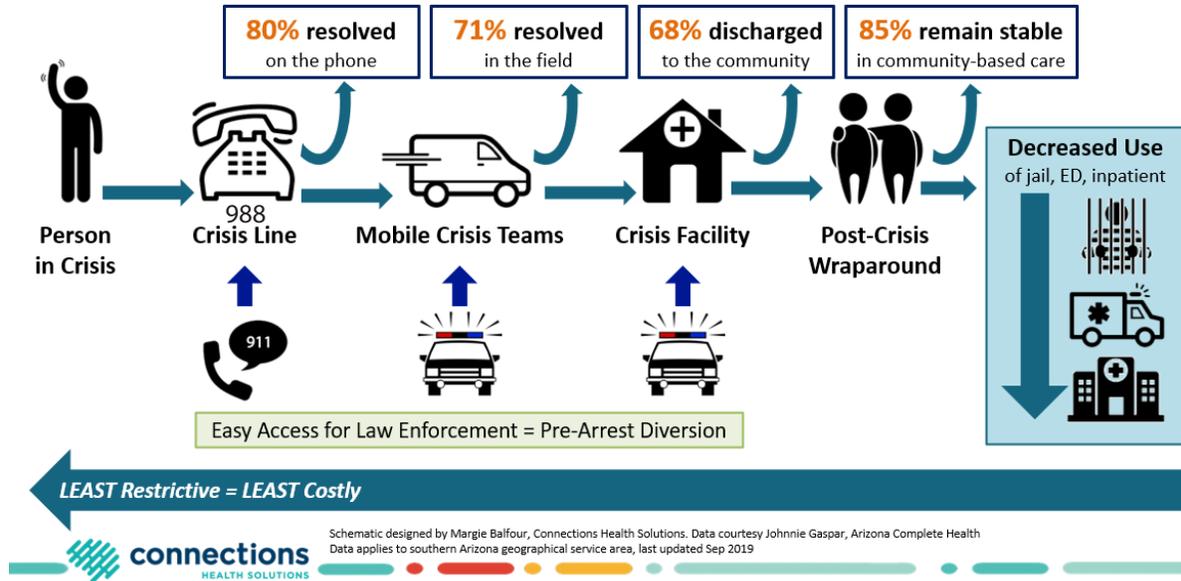
Feb. 2021 Grant awarded: planning committee formed; begins needs assessment	May 2021 Begin call capacity expansion	Sep. 2021 Draft 988 Implementation Plan Due with stakeholder feedback	Jan. 2022 988 Implementation Due; initiate 988 Administrator search	Feb. 2022 Resource Directory Creation	March 2022 Call center training series begins	July 2022 988 goes live; marketing launch
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### PHASE 2-YEAR 2

**Support ongoing expansion of Ohio's crisis care system**

Aug. 2022 Optimize regulatory environment	Oct. 2022 Determine technology upgrades timeline	Jan. 2023 QA monitoring plan shared & implemented	March 2023 Augment connections with other care systems	July 2023 Enhance connections with safety systems
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# The Crisis Continuum



## NEEDS ASSESSMENT

Ohio has made targeted efforts in recent years to build local crisis capacity and infrastructure to develop, evaluate and expand crisis care for adults, children, and families. The 988 program is the front door into Ohio’s behavioral healthcare response. It connects a national tool with both the state’s crisis system and local planning and resources so that residents have access to a visible, compassionate, and competent continuum of services. A grant of \$360,000 from Vibrant Emotional Health, with additional funds from the federal Mental Health Block Grant, has allowed OhioMHAS, Lifeline call centers, crisis care system and behavioral health providers, county administrators and advocates to complete surveys and engage experts in technology needs, economic impact analyses and cost implications of 988 to benchmark a system of care that will grow over the coming years.

## 988 PLANNING COMMITTEE ORGANIZATIONS AND REPRESENTATION

Ohio Suicide Prevention Foundation	Office of the Governor and RecoveryOhio
Mahoning Alcohol, Drug Addiction and Mental Health Board	Ohio Association of Health Plans
Peg’s Foundation	Ohio Association of County Behavioral Health Authorities
NAMI Ohio	Ohio Council of Behavioral Health & Family Services Providers
Ohio Department of Veterans Services	Ohio Hospital Association
Ohio Citizen Advocates for Addiction Recovery	Ohio Department of Public Safety
Equitas	Sidney Police Department
Help Network of Northeast Ohio	Talbert House
Office of the Attorney General	Mental Health America Ohio
Lucas Alcohol, Drug Addiction and Mental Health Board	911 Administrator, Ohio Department of Administrative Services
Portage Path Behavioral Health	Ohio Telecom Industry
Public Utilities Commission of Ohio	State Senators and Representatives
Youth Advocates and Family Members	Adult Advocates and Family Members
Hispanic Urban Minority Alcohol and Drug Addiction Outreach Program (UMADAOP)	Clark, Greene and Madison Alcohol, Drug Addiction and Mental Health Board
Ohio Department of Mental Health and Addiction Services	Lucas Urban Minority Alcohol and Drug Addiction Outreach Program (UMADAOP)

## 988 FUNDING CONSIDERATIONS

Switching from the traditional National Suicide Prevention Lifeline number to 3-digit 988 means that the state will take on an active role in improving the current call center system of Lifeline providers now coordinated by Vibrant Emotional Health on behalf of the Substance Abuse and Mental Health Services Administration (SAMHSA), a unit of the U.S. Department of Health and Human Services. The current call center system is voluntary, includes strict training and clinical standards, and participating call centers must be certified by the Lifeline to take the calls.

When this process began, the state’s call centers were answering only 67% of calls to the Lifeline made by Ohioans, and most of Ohio’s chats and texts were being picked up by national providers. As the 988 planning process has highlighted and addressed gaps and challenges in the system, the state’s call answer rate has climbed to 80%. To further increase in-state answer rates for calls, chats and texts, Ohio providers must increase capacity, meaning more staffing, better technology, and broader coverage areas with a shared resource directory for ease of mobile dispatch and caller referrals. Call volume is expected to rise over time. Call volume is expected to rise over time as more people remember the 988 number and use 988 for mental health and addiction crisis instead of 911.

## OHIO’S CURRENT CALL VOLUME PROJECTED FOR YEAR 1 OF 988 IMPLEMENTATION

	Volume (calls/chats/texts)	
	Vibrant Estimate	Current Volume-Based Estimate
Inbound	111,500	134,942
Outbound	5,600	30,497
Chats	75,100	10,647
Texts	4,400	2,929
Total	196,600	179,015

## SUMMARY OF 988 FUNDING NEEDS

- Expansion of call center capacity for higher call volumes expected.
- Ensuring crisis response capacity when Ohioans call 988.
- Upgraded technology systems and equipment.
- Statewide back-up provider to prevent callers from being bounced out-of-state.
- Chat and text provider(s).
- Statewide resource directory vendor.
- Marketing resources for statewide and community-based awareness-building, tailored to engage various focus populations.
- Training vendor for ongoing staff development.

## SHARED GOALS FOR A BEHAVIORAL HEALTH CRISIS SYSTEM THAT MEETS COMMUNITY NEEDS

- o Individuals feel supported, respected, and in control of their own care.
- o Lived experience is taken into account in every aspect of the system.
- o Historically marginalized groups have a voice in the system and it is set up to meet their needs, with a specific focus on the Black, Indigenous, and people of color populations, LGBTQ+ populations, and others.
- o All involved entities work together in a trusted relationship.
- o The needs of children, youth and the role of families is acknowledged and valued.
- o Solutions address the varying starting points, existing investments, and workforce availability of different localities.
- o Different areas of the state are considered, including: urban, metro, suburban, rural, and Appalachia.
- o Behavioral health crisis care is viewed and funded as an extension of the healthcare system.
- o High quality and evidence-based crisis care is delivered across the BH crisis care continuum.
- o Behavioral health crisis care providers uniformly acknowledge accountability for outcomes.
- o Emergency rooms and detention facilities are not the de facto solutions to behavioral health crises – people are treated in the most collaborative environment possible.

## NEXT STEPS

OhioMHAS is working with the stakeholders above, along with members of the Ohio General Assembly and the telecom industry, to ensure a regulatory and financing framework that is flexible enough to accommodate the changing needs of Ohioans and crisis care in the state, and to ensure a regulatory and financing framework that can be adapted over time. Ohio is closely monitoring planning activity and legislation being considered and passed in other states around the country. The introduction of 988 serves as a catalyst to building and enhancing the best possible Lifeline call centers and crisis care systems over the next three to five years to efficiently provide solutions to the core needs established at the federal level:

▶ **Someone to TALK TO.**

▶ **Someone to RESPOND.**

▶ **A PLACE TO GO.**

For more information about Ohio's Crisis Services, visit [mha.ohio.gov/about-us/key-issues](https://mha.ohio.gov/about-us/key-issues) and read the [Crisis Services Report](#).