



Measuring and Evaluating 911/988 Interoperability

By supporting 911 public safety answering points (PSAPs) and 988 call center coordination, [Clear Pathways](#) is working to ensure that people experiencing behavioral health crises have a path to help across Ohio and the nation. Since 2022, Clear Pathways has developed and continuously refined an [Interoperability Strategy](#). This brief, the third in a three-part series, focuses on performance measurement and evaluation in 911/988 interoperability.

The Need for Measurement and Evaluation

Quality standards, data and mechanisms to monitor performance, and continuous quality improvement (CQI) processes are necessary as communities expand 911/988 partnerships as part of a coordinated and high-quality behavioral health system of care.¹ Additionally, the recent and rapid evolution of these partnerships increases the need to understand how to support best practices in 911/988 interoperability and evaluate the impact on individuals and communities.

Advancing Quality Metrics and Evaluation

To better integrate CQI processes across PSAPs and 988 crisis centers, the Crisis Response Pilot evaluation examined how the Clear Pathways [Interoperability Strategy](#) impacted call transfers from 911 to 988. Our evaluation partners at [Mathematica](#) developed interoperability metrics with input from the five pilot sites and Clear Pathways consultants. These included separate but complementary metrics for PSAPs and 988 crisis centers.

During the pilot, PSAPs and 988 crisis centers reported their metrics in aggregate. They documented challenges with collecting and reporting the data and strategies to overcome these challenges. The data sites reported were limited because most sites had not yet implemented their standard operating procedures for transfers from 911 to 988. However, their documentation of challenges, combined with findings on the early implementation of interoperability workflows, provided key insights about interoperability metrics. These included promising practices for implementing the metrics and implications for evaluating the effectiveness of interoperability over time.

What Is CQI?

CQI is a process that aims to monitor quality metrics, identify underlying problems, and develop solutions to produce better outcomes. 911 and 988 have quality metrics and standards for CQI in their own operations separately but they currently do not have metrics for their work together.

911 and 988 Standards

- * [Association of Public-Safety Communications Officials \(APCO\)/NENA standards for PSAPs](#)
- * [Substance Abuse and Mental Health Services Administration \(SAMHSA\) standards for 988](#)

| PSAP Metrics | 988 Crisis Center Metrics |
|---|---|
| <ul style="list-style-type: none">• 911 calls received• 911 calls that were behavioral health-related• 911 calls transferred to 988• 911 calls transferred to 988 that 988 transferred back to 911 | <ul style="list-style-type: none">• 988 calls received• 988 calls received through transfer from 911• 988 calls received from 911 that were resolved by 988• 988 calls received from 911 that 988 transferred back to 911• 988 calls received from 911 that 988 referred or transferred elsewhere |

¹ Committee on Psychiatry and Group for the Advancement of Psychiatry (2021). Roadmap to the ideal crisis system: Essential elements, measurable standards and best practices for behavioral health crisis response. National Council for Mental Wellbeing. https://www.thenationalcouncil.org/wp-content/uploads/2025/02/042721_GAP-CrisisReport_ExecutiveSummary.pdf

Challenges, Recommendations, and Anticipated Benefits

| Challenge | Recommendations | Anticipated Benefits |
|---|---|---|
| <p>Call Identification: PSAPs likely underreported the number of behavioral health-related calls because they had a limited number of codes for suicidality, suicide attempts, and disruptive behaviors related to a behavioral health condition. As a result of limited codes, PSAPs had to manually review data to identify when behavioral health was a secondary or underlying reason for the call. PSAPs reported that this narrow range of call codes also initially limited their thinking about how PSAPS could transfer calls to 988.</p> | <ul style="list-style-type: none"> • Improve protocols for identifying 911 behavioral health calls, including protocols for determining when a behavioral health condition may underlie the primary reason for a call. • Develop standardized state or national 911 primary codes that capture a range of behavioral health risk levels while allowing for tailored secondary codes to support the unique needs of local jurisdictions. | <ul style="list-style-type: none"> • Promote a consistent understanding of what constitutes a 911 behavioral health call so that the volume of calls can be better assessed. • Improve understanding of call volume and call types to standardize protocols for identifying calls appropriate for transfer to 988. • Improve data quality and consistency across jurisdictions to support statewide tracking and evaluation of outcomes. |
| <p>Limited Understanding of Interoperability: The initial metrics focused on the basic components of interoperability, but they lacked important details about callers and what occurs during 911 behavioral health calls and call transfers. Pilot sites thought additional metrics and demographic data would be useful once they are able to capture and report on the initial metrics accurately.</p> | <ul style="list-style-type: none"> • Expand metrics to include the following: <ul style="list-style-type: none"> – duration of 911 behavioral health calls compared to other 911 calls; – total duration between 911 call initiation, transfer to 988, and 988 call completion; – types of 911 to 988 call transfers; and – call abandonment rate. • Explore ways to systematically record caller characteristics given barriers to obtaining information during 911 calls and 988 confidentiality requirements. • Provide guidance on how 988 crisis centers can manage performance measurement and CQI processes when partnering with multiple PSAPs. | <ul style="list-style-type: none"> • Promote transparency in call identification and transfer processes. • Increase trust and willingness to transfer calls between 911 and 988. • Increase understanding of callers and call flows to improve transfer strategies and adherence to standards of care. • Improve understanding of resources needed to support high-quality 911 behavioral health calls and transfers. • Improve understanding of resources needed for 988 crisis centers to manage call transfers from multiple PSAPs. |

| Challenge | Recommendations | Anticipated Benefits |
|--|---|--|
| <p>Technology and Data System Needs: The technology available to the well-established emergency communications system for 911 is more advanced than the much newer 988 system. Pilot sites spent a lot of time discussing how to navigate these differences during call transfers. PSAPs and 988 crisis centers stressed the need for call technology that streamlines data capture, reporting, and CQI processes.</p> | <ul style="list-style-type: none"> • Introduce metrics early to identify and address data gaps and technology and data system limitations, such as data only collected in open-text fields. • Engage with the 911 technology vendor community to develop 911/988 interoperability software. • Allocate resources to PSAPs and 988 crisis centers to support uptake of new technology and data systems. | <ul style="list-style-type: none"> • Determine available data to advance discussions about call identification and transfer options simultaneously. • Reduce the burden on local jurisdictions and promote consistency across jurisdictions. • Improve the quality of data available for performance measurement and evaluation. |
| <p>Data Linkages to Facilitate and Evaluate Care Coordination: The data challenges identified through the implementation of interoperability metrics highlighted issues that have limited evaluations of emergency line usage and impacts. Efforts to establish alternative response programs and other crisis services in the continuum of care have increased. However, the ability to link data across systems such as public safety and behavioral health, or even within the crisis services continuum, has not kept up with the pace of service implementation.</p> | <ul style="list-style-type: none"> • Standardize data collection and reporting on quality metrics and costs associated with behavioral health, criminal legal, and health care system involvement. • Build data linkages within the crisis services continuum at the state level. • Build data linkages across systems at the state level, especially among behavioral health, criminal legal, and health care systems. • Allocate resources to support local uptake of systems to support statewide data linkages. | <ul style="list-style-type: none"> • Reduce the burden on local jurisdictions and promote consistency across jurisdictions. • Examine service access and utilization across the service crisis continuum and among different populations. • Examine the effects on criminal legal system involvement, emergency department visits, and hospitalizations. • Examine the costs and potential savings of 911/988 interoperability compared to other responses. • Develop policies informed by rigorous evidence. |



About Clear Pathways

Clear Pathways is an initiative of [Peg's Foundation](#) designed to sustainably align systems for improved care to individuals experiencing a behavioral health emergency.

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