CLEAR PATHWAYS
An Initiative of Peg's Foundation

Application

911-988 Interoperability Project: Improving Crisis Care in Ohio

**Final applications should be submitted via the online form, linked on page (3) of this document. This document is intended to serve as a preview to assist applicants in preparing materials prior to final submission.

The Opportunity

Clear Pathways is seeking to collaborate with Public Safety Answering Points (PSAPs) and their community partners for a 12-18 months technical assistance opportunity to strengthen 911-988 interoperability. Technical Assistance (TA) is provided at no financial cost to sites, and we will work with sites at all stages of readiness. Selected sites will work alongside Clear Pathways to implement an evidence-informed strategy that has been refined since 2022.

This technical assistance opportunity is supported by Peg's Foundation, the primary funder of Clear Pathways crisis response work in Ohio. Clear Pathways also serves as the Ohio implementing partner for the Behavioral Health Emergency Response Initiative (BHERi), which provides additional resources and enables collaboration with partners in Michigan and Texas.

Key Activities

Over a period of 12-18 months, Clear Pathways will provide technical assistance to guide communities through our 911-988 interoperability strategy. Each applicant's activities may differ based on previous experience, readiness, and the creation of a workplan with Clear Pathways.

Clear Pathways' Interoperability Strategy includes the following key activities:

1. **Build consensus:** Align on collaborative practices and a work plan, and develop a memorandum of understanding (MOU) between 911 and 988
2. **Understand each other's systems:** Learn about 911 and 988 call flow and the call taker experience in both systems, and deepen understanding with scenarios and case studies
3. **Review call data:** Review data to identify the universe of behavioral health calls, discuss the potential for collaboration with 988, and inform protocol development
4. **Develop protocol:** Develop call transfer criteria, a decision tree, and other related policies, protocols, and procedures needed to facilitate call transfers from 911 to 988
5. **Implement Protocol:** Develop an implementation plan, implement the protocol, and monitor activities

Project Requirements

- Completion of the application process, which includes an application form and PSAP readiness self assessment (RSA)
- Entry into a memorandum of understanding (MOU) with Clear Pathways
- Participation in monthly virtual meetings with Clear Pathways for TA (1-2 hours per month, 12-18 months)
- Engagement of 911, 988, Alcohol, Drug and Mental Health (ADAMH) Board, and other community partners in a work group
- Creation of a workplan and ownership of assigned tasks among work group members
- Sharing of call data for retrospective analysis
- Participation in peer learning activities with other communities
- Participation in evaluation activities (interviews, surveys, and data reporting) which end in June 2028

Application Form

Required Participants

Applications will be submitted by community collaboratives. For this project, community collaboratives must include, at a minimum, a PSAP and their corresponding 988 crisis center and ADAMH Board. Within the community collaborative, we ask for participants that can fill the roles listed below.

PSAP

- Serves as Lead Agency
- Signs application and enters MOU with Clear Pathways
- Requires monthly work group representative
- Requires various data representatives

988 Call Center

- Requires monthly work group representative
- Requires various data representatives

ADAMH Board

- Requires monthly work group representative
- Can serve as: active participant, convener, or champion

Online Application

The online Zoho application can be accessed at the following link: https://zfrmz.com/LZyxrI3uXVKYsi4yF7jg.

Accessibility

Clear Pathways is committed to making this application accessible to everyone. If you require an accommodation to complete the online Zoho application, please email us at interop@pegsfoundation.org at least **7 business days** before the due date.

Contact

Please email us at interop@pegsfoundation.org with questions about the application or application process.

Section 1: Lead Agency—PSAP

PSAP Name:	Jurisdiction Served:
PSAP Physical Address:	

PSAP Work Group Lead Representative

Please note that this representative is required to complete the PSAP Readiness Self-Assessment (RSA). After this application is submitted, Clear Pathways will email the RSA to the representative identified here to continue the application process.

The Work Group Lead Representative attends monthly meetings with their local partners and Clear Pathways. This role should be able to drive discussion and answer questions about interoperability details, such as the agency's partnerships, call taking procedures, data systems, and staff training efforts. This representative will also complete baseline and follow-up surveys for the evaluation.

Work Group Representative Name:	Work Group Representative Title:	Work Group Representative Email Address:	Work Group Representative Phone:

PSAP Metrics Point of Contact

The evaluation includes metrics for PSAPs and 988 crisis centers to report aggregate data related to behavioral health calls, call transfers, and call resolutions. Each agency should designate an individual who will ensure their metrics are completed as requested and who can address questions from the evaluation team, if needed.

Metrics Point of Contact Name:	Metrics Point of Contact Title:	Metrics Point of Contact Email:	Metrics Point of Contact Phone:

PSAP Emotional Support Point of Contact

The evaluation team must protect the rights of study participants and keep them safe. The evaluation does not ask personal questions, and it is unlikely that participants will experience distress answering questions about 911 and 988 partnerships. However, it is possible that discussing topics related to work environments where staff may experience acute/traumatic and chronic stress could upset some participants. The evaluation study

protocol says that each agency will identify a staff member who can support other team members if they become upset during data collection.

Emotional Support Point of Contact Name:	Emotional Support Point of Contact Title:	Emotional Support Point of Contact Email:	Emotional Support Point of Contact Phone:

Additional PSAP Information

Who is the PSAP's primary decision-maker? Please include their name and title.	
Are there additional key members of leadership that need to be informed, consulted, or provide approvals throughout the project? If applicable, please provide the details below.	
nder what circumstances would legal review by General Counsel be necessary? Examples include, but are not limited to, entering an MOU, agreeing on call transfer criteria, and creating or expanding policy and procedure.	

Section 2: Primary 988 Crisis Center

988 Crisis Center Name:		County(ies) Served:
PSAP Physical Address:		

988 Crisis Center Work Group Lead Representative

Please note that this representative is required to complete the PSAP Readiness Self-Assessment (RSA). After this application is submitted, Clear Pathways will email the RSA to the representative identified here to continue the application process.

The Work Group Lead Representative attends monthly meetings with their local partners and Clear Pathways. This role should be able to drive discussion and answer questions about interoperability details, such as the agency's partnerships, call taking procedures, data systems, and staff training efforts. This representative will also complete baseline and follow-up surveys for the evaluation.

Work Group Representative Name:	Work Group Representative Title:	Work Group Representative Email Address:	Work Group Representative Phone:

988 Crisis Center Metrics Point of Contact

The evaluation includes metrics for PSAPs and 988 crisis centers to report aggregate data related to behavioral health calls, call transfers, and call resolutions. Each agency should designate an individual who will ensure their metrics are completed as requested and who can address questions from the evaluation team, if needed.

Metrics Point of Contact Name:	Metrics Point of Contact Title:	Metrics Point of Contact Email:	Metrics Point of Contact Phone:

988 Crisis Center Emotional Support Point of Contact

The evaluation team must protect the rights of study participants and keep them safe. The evaluation does not ask personal questions, and it is unlikely that participants will experience distress answering questions about 911 and 988 partnerships. However, it is possible that discussing topics related to work environments where staff may experience acute/traumatic and chronic stress could upset some participants. The evaluation study

protocol says that each agency will identify a staff member who can support other team members if they become upset during data collection.

Emotional Support Point of Contact Name:	Emotional Support Point of Contact Title:	Emotional Support Point of Contact Email:	Emotional Support Point of Contact Phone:

Additional 988 Crisis Center Information

Who is the 988 Crisis Center's primary decision-maker? Please include their name and title.	
Are there additional key members of leadership that need to be informed, consulted, or provide approvals throughout the project? If applicable, please provide the details below.	
Under what circumstances would legal review by General Counsel be necessary? Examples include, but are not limited to, entering an MOU, agreeing on call transfer criteria, and creating or expanding policy and procedure.	

Section 3: ADAMH Board

ADAMH Board Name:	Count(ies) Served:
Work Group Representative Name:	Work Group Representative Email Address:

ADAMH Board Work Group Lead Representative

The Work Group Lead Representative attends monthly meetings with their local partners and Clear Pathways as either an active participant, convenor, or champion. Further details will be determined in collaboration with Clear Pathways after site selection.

Work Group Representative Name:	Work Group Representative Title:	Work Group Representative Email Address:	Work Group Representative Phone:

Additional ADAMH Board Information

Who is the ADAMH Board's primary decision-maker? Please include their name and title.	
Are there additional key members of leadership that need to be informed, consulted, or provide approvals throughout the project? If applicable, please provide the details below.	
Under what circumstances would legal review by General Counsel be necessary? Examples include, but are not limited to, entering an MOU, agreeing on call transfer criteria, and creating or expanding policy and procedure.	

Section 4: Additional Representatives

Clear Pathways encourages additional participation beyond the required representation. Please indicate if there are additional representatives to include in the community collaborative at the point of project kickoff, for example:

- Additional representatives from the PSAP, 988 Crisis Center, and ADAMH Board
- County 911 coordinator, administrator, or director
- Peer-led mental health and/or substance use organizations
- Law enforcement or emergency medical services agencies
- Back-up 988 Crisis Center
- Additional PSAPs within the county

Additional Representative 1

Organization Name:	Jurisdiction(s) served:
Contact Person Name:	Contact Person Email Address:
Contact Person Title:	Contact Person Phone:
Briefly describe this person's role in advancing 911-988 interoperability in your jurisdiction:	

Additional Representative 2

Organization Name:	Jurisdiction(s) served:
Contact Person Name:	Contact Person Email Address:
Contact Person Title:	Contact Person Phone:
Briefly describe this person's role in advancing 911-988 interoperability in your jurisdiction:	

Additional Representative 3

Organization Name:	Jurisdiction(s) served:
Contact Person Name:	Contact Person Email Address:
Contact Person Title:	Contact Person Phone:
Briefly describe this person's role in advancing 911-988 interoperability in your jurisdiction:	

Additional Representative 4

Organization Name:	Jurisdiction(s) served:
Contact Person Name:	Contact Person Email Address:
Contact Person Title:	Contact Person Phone:
Briefly describe this person's role in advancing 911-988 interoperability in your jurisdiction:	

Section 5: Availability and Scheduling

Please select all quarters required participants can begin project activities.

Key Information to Participate in the Upcoming Cohort

To be considered for the upcoming cohort, Cohort 2:

- Start availability must include quarter 4 of 2026. Applicants with later start dates will be considered for future cohorts.
- Your application must be completed by the target date of September 21. Submissions after this date will be considered for future cohorts.

Start availability:

- ☐ Quarter 4 2026 (Oct-Dec)
- ☐ Quarter 1 2027 (Jan-Mar)
- ☐ Quarter 2 2027 (Apr-Jun)
- ☐ Quarter 3 2027 (Jul-Sept)
- ☐ Quarter 4 2027 (Oct-Dec)

Is there any additional information you would like to provide regarding start availability?	
Is there an existing reoccurring meeting about 911-988 work between the applying work group members? If so, please provide the schedule information.	

Section 6: Existing Agreements

Please list all PSAPs with which the primary 988 Crisis Center has an existing MOU/MOA in place:

988 Crisis Center Name:	
PSAP:	Eff. Date:
PSAP:	Eff. Date:
PSAP:	Eff. Date:
PSAP:	Eff. Date:

Attestation

By submitting this Application Form, I agree on behalf of my PSAP to serve as lead agency for the project and to collaborate with local partners to advance interoperability between 911 and 988. I understand the project's requirements, and that a memorandum of understanding with Clear Pathways will be required if selected.

I certify that our organization is authorized and prepared to act as the Lead Agency for this initiative.

For Lead Agency Only

Lead Agency Submitter Name: _____

Lead Agency Submitter Title: _____

Signature: _____

Date: _____