



**988**

# **Convening Playbook**

**Public Safety Answering Points  
(PSAPs)**

**NASMHPD**

# Acknowledgements

Many organizations contributed their time and expertise to the development of this document, including:

**Behavioral Health Link**

**Behavioral Health Response**

**CIT International, Inc.**

**Council of State Governments Justice Center**

**Crisis Text Line**

**Department of Transportation**

**Didi Hirsch (California)**

**Education Development Center**

**Harris Center, Harris County TX**

**Health Equity Consultant**

**International Academies of Emergency Dispatch**

**Maine Emergency Management Agency**

**McKinsey Health Institute**

**National Alliance on Mental Illness (NAMI)**

**National Association of State 911 Administrators (NASNA)**

**National Coalition for Mental Health Recovery (NCMHR)**

**National Corresponder Consortium**

**National Emergency Number Association (NENA)**

**NJ Division of Mental Health and Addiction Services**

**North Carolina 911 Board**

**Pew Charitable**

**Policing Alternatives & Diversion Initiative**

**Policy Research Associates Inc.**

**Priority Dispatch**

**Rave Mobile Safety**

**RI International**

**University of New Mexico**

**Vibrant Emotional Health**

# 988 Convening Playbook

## Public Safety Answering Points (PSAPs)

### Overview

---

**Goal.** The document sets out to help:

- Articulate the need for operational readiness for 988
- Help PSAPs prepare for the 988 transition (not a specific mandate for them)
- Explain how to make progress on the criteria that are central to 988 readiness
- Identify best practices and examples seen in the field today

**Audience.** The playbook is written for public safety answering point supervisors / leadership

**Structure. The document is structured in three sections:**

- I. Operational readiness self-assessment for PSAPs
- II. Playbook for PSAPs
- III. Additional resources for PSAPs

**Notes:**

- *Equity:* The playbook aims to highlight equity considerations across topics, including how equity needs to be considered across all areas of readiness
- *Case studies and examples:* The playbook includes many case studies and examples from individual PSAPs. Examples will not be applicable to all PSAPs

# Table of Contents

<b>I. 988 operational readiness self-assessment for PSAPs</b> .....	<b>5</b>
Introduction and purpose of the operational readiness self-assessment .....	5
Self-assessment levels .....	5
Link to playbooks .....	5
Criteria.....	6
<b>II. Playbook for PSAPs</b> .....	<b>11</b>
<b>1. Overview of 988 and importance for 911</b> .....	<b>11</b>
<b>2. Partnerships</b> .....	<b>15</b>
Establishing partnerships with Lifeline contact centers and crisis service providers .....	15
Strengthening ongoing collaboration with a broader set of stakeholders (e.g., community-based organizations, people with lived experience) .....	17
<b>3. Call processes</b> .....	<b>20</b>
Considerations for conducting transfers from 911 to 988 .....	20
Example protocols used by different locales (transfers from 911 to 988) .....	21
Considerations on call processes regarding 988 transfers to 911 .....	29
<b>4. Specialized training</b> .....	<b>31</b>
Training on overview of mental illness and situations that 911 operators may encounter .....	31
<b>5. Data collection</b> .....	<b>35</b>
Defining behavioral health crisis codes .....	35
Gathering baseline data on BH crisis call volumes and dispositions .....	36
<b>6. Information sharing</b> .....	<b>37</b>
<b>7. Performance management</b> .....	<b>39</b>
<b>III. Additional resources</b> .....	<b>41</b>
Appendix .....	42

# I. 988 operational readiness self-assessment for PSAPs

---

## Introduction and purpose of the operational readiness self-assessment

---

The self-assessment tool is intended to assist PSAPs in assessing their readiness for the July 2022 transition to 988 and prioritizing areas of focus moving forward.

The tool is not intended to be evaluative, and no responses will be collected or aggregated. There is neither a *perfect score* nor a *right answer*. The intent is solely to help PSAPs determine where they might focus efforts both ahead of July 2022 and beyond as the country moves toward integrated crisis care.

In addition, there is no time expectation associated with the self-assessment tool. PSAPs work in different contexts and all have different priorities and needs related to 988 and integrated crisis care. This tool is designed to help PSAPs define an aspiration unique to their locale, not prescribe any activities on a specific timeline. Coordination between 911 PSAPs and 988 Crisis Centers will be of continuing importance for years after the July 16, 2022 transition.

The self-assessment tool is divided into major categories of readiness. These categories are divided into “core competencies” and “enhanced competencies.” Core competencies include those criteria that are most essential for 988 readiness and priorities for the shorter-term. Enhanced competencies are relevant for PSAPs that have already solidified core competencies.

## Self-assessment levels

---

The self-assessment tool lays out a series of criteria within specific readiness categories that try to holistically capture the components needed to realize the full potential of 988. For each criterion, PSAPs can select between three distinct levels to best approximate their current state:

- Beginning: Work in this area has not yet started
- Emerging: Work in this area is underway but not yet complete
- Solidified: Objectives in this area are fully or almost fully met

## Link to playbooks

---

The self-assessment categories match categories of information contained in the rest of the playbook document. The results of the self-assessment will help determine which areas of the playbook the PSAP should consider focusing on in the immediate term.

For example, PSAPs who are “beginning” work within specific categories that they believe are important can use information in the playbook to chart a path and initiate activities aimed at achieving “emerging” readiness. PSAPs that are already “emerging” in certain categories can use information in the playbook to fully solidify their readiness in those categories.

### Criteria

A playbook has also been developed for Lifeline contact centers and is complementary to the PSAP playbook. It includes approaches for Lifeline contact centers to build relationships and coordinate with 911.

Core Competencies			
Criteria	Beginning	Emerging	Solidified
<b>PARTNERSHIPS &amp; PERFORMANCE MANAGEMENT</b>			
To what extent does the PSAP have a <b>relationship with local Lifeline contact centers</b> , if relevant?	The PSAP does not know the local Lifeline contact center(s) in their area	The PSAP has an informal relationship with the Lifeline contact center(s) in their area	The PSAP has a comprehensive inventory of local crisis lines and at least one memorandum of understanding (MOU) with a Lifeline contact center in their area that articulates the goals of the collaboration and outlines the roles and responsibilities of each collaborator
To what extent does the PSAP have <b>relationships with other local crisis services providers</b> (e.g., behavioral health (BH) services, alternative care programs, crisis receiving and stabilization facilities), if relevant?	The PSAP has no relationship with any other local crisis services providers	The PSAP has informal relationships with other local crisis service providers	The PSAP has a comprehensive inventory of other local crisis services providers and at least one MOU with a provider that articulates the goals of the collaboration and outlines the roles and responsibilities of each collaborator

Criteria	Beginning	Emerging	Solidified
To what extent does the PSAP <b>engage in cross-system partnerships with a broader set of collaborators</b> (e.g., behavioral health, law enforcement, EMS, Fire Department, community-based organizations, people with lived experience) to discuss responses to mental health crisis (including 988 / 911 collaboration and performance), if relevant?	The PSAP does not engage in any cross-system partnerships with collaborators on 911 / 988 collaboration and performance	The PSAP engages with some collaborators on 911 / 988 collaboration in one-on-one contexts	The PSAP engages in a cross-system planning committee with all known collaborators on 911 / 988 collaboration and performance
To what extent are BH crisis calls <b>included in the PSAPs quality improvement efforts</b> ?	Behavioral health crisis calls are not included in PSAP's quality improvement efforts	Behavioral health crisis calls are included in PSAP's quality improvement efforts but there is no joint quality improvement review with BH crisis lines	Behavioral health crisis calls are included in PSAP's quality improvement efforts and there is joint quality improvement review with BH crisis lines
<b>CALL PROCESSES</b>			
How are calls <b>related to BH crisis identified</b> ?	There is not a standard tool or official guidelines on how to identify calls related to BH crisis	Staff may use a tool to identify BH crisis calls, but the tool is not standardized or is not consistently used	All staff rely on a standard tool created to identify BH crisis calls.
How are dispatch decisions <b>determined for BH crisis calls</b> (e.g., whether to connect a call to 988 or local crisis lines that may not be part of the Lifeline network, whether to dispatch rescue, refer to mobile crisis team when available)	There is not an assessment protocol to determine dispatch decisions for BH crisis calls	Staff may use an assessment protocol to determine dispatch decisions for BH crisis calls, but the assessment is not standardized or is not consistently used	All staff rely on a standardized assessment protocol created to determine dispatch decisions for BH crisis calls.
What is the <b>process for transferring calls</b> to the nearest Lifeline call center or other mental health crisis call center?	There is no established process for routing 911 calls to 988 nor is a process being planned	There is not an established process for routing 911 calls to 988 at the moment, but the process is planned and will be established	There is an established process for routing 911 calls to 988

Criteria	Beginning	Emerging	Solidified
What is the <b>technical mechanism for transferring calls</b> to the nearest Lifeline call center or other mental health crisis call center?	There is no built technical mechanism for routing 911 calls to 988 nor is a mechanism planned	There is no built technical mechanism for routing 911 calls to 988 at the moment, but the mechanism is planned and will be built	There is a built technical mechanism for routing 911 calls to 988
<b>How is information gathered</b> on BH crisis calls?	There is not a distinct protocol used to gather information on BH crisis calls. Behavioral health crisis calls are handled in the same or similar way to emergency calls	Staff may use crisis-specific protocol to gather information on BH crisis calls, but the protocol is not standardized or consistently used	Staff rely on a standardized protocol to gather comprehensive information on BH crisis calls

Enhanced competencies			
Criteria	Beginning	Emerging	Solidified
<b>TRAINING</b>			
Have staff who answer calls received training on <b>how to identify calls related to BH crises</b> and <b>determine dispatch decisions</b> based on existing protocol for BH crisis calls?	There is no training available on how to identify calls related to BH crises or determine dispatch decisions based on existing protocol for BH crisis calls	Training is available on how to identify calls related to BH crises and determine dispatch decisions based on existing protocol for BH crisis calls but training is not required	Training on how to identify calls related to BH crises and determine dispatch decisions based on existing protocol for BH crisis calls is available and required
Is training available on how to <b>de-escalate</b> a BH crisis call?	There is no training available on how to de-escalate a BH crisis call	Training is available on how to de-escalate a BH crisis call but training is not required	Training on how to de-escalate a BH crisis call is available and required
Is training available on how to <b>label calls</b> for BH crisis calls?	There is no training available on labeling calls for BH crisis calls	Training is available on labeling calls for BH crisis calls but training is not required	Training on labeling calls for BH crisis calls is available and required
<b>DATA COLLECTION</b>			
How are calls <b>coded or recorded</b> as BH crisis calls?	There is no consistent process to code / record BH crisis calls	There is a process to code / record BH crisis calls, but it is not used in standard or consistent manner	There is a consistent, standard process to code / record BH crisis calls



Criteria	Beginning	Emerging	Solidified
To what extent has <b>baseline data been gathered</b> on the total number of BH crisis calls and their dispositions?	Baseline data on the total number of BH crisis calls and their dispositions has not been gathered	There is a general sense of how many BH crisis calls are received, and their dispositions, but no conclusive data analysis has been conducted	Baseline data on the total number of BH crisis calls and their dispositions has been analyzed and aggregated
<b>SHARING OF INCIDENT INFORMATION AND AGGREGATED DATA</b>			
How are critical incident data <b>shared across first responder and crisis call continuum partners</b> including 911, crisis call, response, and receiving entities; and first responder agencies?	PSAP staff cannot send critical incident data to partners in any case and there is not currently a plan to create this capability	PSAP staff cannot send critical incident data to partners in some or all cases but there is a plan to create this capability	PSAP staff can send critical incident data to partners in all cases.
How is <b>incident location information</b> (e.g., caller ID, address / location, IP location) <b>shared with partners</b> (e.g., mobile crisis team law enforcement, EMS, fire, other transport service)?	PSAP staff cannot send incident location information to partners in any case and there is not currently a plan to create this capability	PSAP staff cannot send incident location information to partners in some or all cases but there is a plan to create this capability	PSAP staff can send incident location information to partners in all cases.
What is the <b>data-sharing schedule</b> for post-hoc, aggregated BH crisis call data (call volumes, and calls routed) between local PSAPs and 988 contact centers?	There is no post-hoc aggregated data-sharing to report on BH crisis calls	There is some post-hoc aggregated data-sharing but there is no standard schedule / frequency and/or data is incomplete	There is an established schedule / frequency and information sharing agreement through which post-hoc aggregated behavioral crisis call data is shared with local 988 contact centers
To what extent has <b>baseline data</b> on BH crisis calls (e.g., call volume, call disposition) <b>been shared with collaborators</b> (e.g., local Lifeline contact centers, BH providers, law enforcement, EMS, fire)?	Baseline data has not been shared	Baseline data has been shared with some, but not all, collaborators	Baseline data has been shared with all relevant collaborators or is publicly available

Criteria	Beginning	Emerging	Solidified
To what extent has <b>baseline data</b> on BH crisis calls <b>been shared at the state and federal levels for analysis of performance of the system overall?</b>	Baseline data has not been shared	Baseline data has been shared at the state or federal level, but not both	Baseline data has been shared at the state and federal level, or is publicly available

# II. Playbook for PSAPs

---

## 1. Overview of 988 and importance for 911

---

### 988 overview

988 is the new dialing code that provides direct, life-saving services to people experiencing mental health and substance use crises, or family members and advocates of those in need.<sup>1</sup> “The 988 dialing code will be available nationally for call, text, or chat on July 16, 2022. By July of 2022, all telecommunications companies will have to make the necessary changes so individuals can access the National Suicide Prevention Lifeline (the Lifeline) using the 988 dialing code.”<sup>2</sup>

“A 3-digit number is seen as a critical step to better support an individual experiencing crisis and suicidal ideation...Key leaders understood the difficulty of remembering a 10-digit number to connect to the existing suicide prevention line and the lack of adequate crisis services in communities.”<sup>3</sup> For example, “[if] a family member experiences severe chest pains in the company of another family member, both the patient and the family member, despite their heightened anxiety, would remember the number 911, while the concern is that many suicidal people or their family members at a similar moment of suicidal crisis might not remember 1-800-273-8255 (TALK).”<sup>4</sup>

The Federal Communications Commission (FCC) studied the “feasibility of designating a simple, easy-to-remember, 3-digit dialing code to be used for a national suicide prevention and mental health crisis hotline system” and released a report in August 2019 recommending 988 as the best number for a national three-digit suicide and mental health crisis hotline.<sup>5</sup> “With the support of the mental health community, the FCC issued a final rule and order in July 2020 to start the process of getting 988 operational. With broad, bipartisan support from Congress, President Trump signed the National Suicide Designation Act in October 2020.”<sup>6</sup>

Additional resources:

- [SAMHSA](https://www.samhsa.gov/find-help/988) FAQ site (<https://www.samhsa.gov/find-help/988>)
- [Vibrant](https://www.vibrant.org/988/) FAQ site (<https://www.vibrant.org/988/>)

### How 988 works

The Lifeline is made up of a network of 190+ independently owned and operated local centers. It is NOT one large contact center. It is a national portal for connecting to localized crisis services.

---

<sup>1</sup> “988: America’s suicide prevention and mental crisis lifeline,” Substance Abuse and Mental Health Services Administration, February 14, 2022, accessed March 8, 2022, <https://www.samhsa.gov/find-help/suicide-prevention/988-lifeline>.

<sup>2</sup> Mental Health America and Vibrant Emotional Health, “FAQ for understanding 988 and how It can help with behavioral health crises,” n.d., accessed March 8, 2022, <https://mhanational.org/sites/default/files/FAQ%20with%20vibrant%20FINAL%20COPY.pdf>.

<sup>3</sup> Mental Health America, “FAQ for Understanding 988,” accessed March 8, 2022.

<sup>4</sup> Federal Communications Commission, “Notice of Proposed Rulemaking FCC 19-128,” December 16, 2019, accessed February 2022, <https://docs.fcc.gov/public/attachments/FCC-19-128A1.pdf>.

<sup>5</sup> Federal Communications Commission, “Notice of Proposed Rulemaking FCC 19-128,” December 16, 2019.

<sup>6</sup> Mental Health America, “FAQ for Understanding 988,” accessed March 8, 2022.

As outlined by the Lifeline, people contacting 988 “will be connected to trained crisis counselors that are part of the existing Lifeline network.”<sup>7</sup> Trained Lifeline crisis counselors “assess callers for suicidal risk, provide crisis counseling, crisis intervention, engage emergency services when necessary, and offer referrals to mental health and/or substance use services.”<sup>8</sup> Emergencies experienced by individuals contacting Lifeline may include suicidal ideation, other acute psychiatric crises, non-acute mental health needs, access to and/or problems with psychiatric medication and housing needs.<sup>9</sup> Specialized services will continue to be available for veterans, LGBTQ+ individuals, and other groups.<sup>10</sup>

“The Lifeline network receives calls from individuals calling from any / all area codes in the United States. All Lifeline centers accept a zone of coverage on behalf of the national network. Assigned coverage areas may be designated by any one or more of the following: area codes, counties, zip codes, and states.”<sup>11</sup> Calls to the Lifeline from landlines and cell phones are routed to crisis centers in the network based on area code and prefix. It is important for PSAPs and crisis centers alike to note that cell phone routing based on area code does not always reflect the correct physical location of the caller. Lifeline centers may, therefore, receive contacts from individuals located outside their designated region.

“In addition to receiving calls, a number of crisis centers also provide chat / IM [instant messaging]-based services. Some centers accept chats from across the United States while others within the network accept chats only from their local community. In this instance, when coverage is limited, chats are geographically routed to centers based on the IP address of the user.”<sup>12</sup>

Additional resources:

- [Suicide Prevention Lifeline The Lifeline and 988](https://suicidepreventionlifeline.org/current-events/the-lifeline-and-988/) (https://suicidepreventionlifeline.org/current-events/the-lifeline-and-988/)
- [Suicide Prevention Lifeline: How our calls are routed](https://www.dhs.state.il.us/OneNetLibrary/27896/documents/FY21DMH/RoutingLifelineCalls.pdf) (https://www.dhs.state.il.us/OneNetLibrary/27896/documents/FY21DMH/RoutingLifelineCalls.pdf)

## 988 funding

Crisis services provided by Lifeline contact centers are funded through individual states. “One aspect of the National Suicide Hotline Designation Act of 2020 (the Act) allows states to assess a fee on cell phone bills to recover the costs of the three-digit number and associated crisis services provided to individuals in crisis. A similar fee on cell phone bills supports 911 in most states.”<sup>13</sup> Additional sources, including state general funds and federal funding provided by the Substance Abuse and Mental Health Services Administration (SAMHSA), are also used to fund 988.

## Importance of collaboration between 988 and 911

988 and 911 are designed to be complementary. As the National Action Alliance for Suicide Prevention states, “988 crisis counselors are trained to utilize the least invasive interventions whenever possible, and ongoing collaboration between 988 and 911 will help individuals in

<sup>7</sup> “The Lifeline and 988,” National Suicide Prevention Lifeline, accessed March 8, 2022, <https://suicidepreventionlifeline.org/current-events/the-lifeline-and-988/#:~:text=When%20people%20call%2C%20text%2C%20or,them%20to%20resources%20if%20necessary.>

<sup>8</sup> Federal Communications Commission, “Notice of proposed rulemaking FCC 19-128,” December 16, 2019.

<sup>9</sup> Based on contact center data from St. Louis, MO.

<sup>10</sup> Mental Health America, “FAQ for understanding 988,” accessed March 8, 2022.

<sup>11</sup> National Emergency Number Association, “NENA Suicide/Crisis Line Interoperability Standard,” March 4, 2022, [https://cdn.ymaws.com/www.nena.org/resource/resmgr/standards/nena-sta-001.2-2022\\_suicide-.pdf](https://cdn.ymaws.com/www.nena.org/resource/resmgr/standards/nena-sta-001.2-2022_suicide-.pdf)

<sup>12</sup> National Emergency Number Association, “NENA Suicide/Crisis Line Interoperability Standard,” March 4, 2022.

<sup>13</sup> Mental Health America, “FAQ for understanding 988,” accessed March 8, 2022.

crisis get the appropriate support, providing options like mobile crisis teams (MCTs) in place of police or emergency medical services (EMS) responders when needed and where available.”<sup>14</sup>

“Increased collaboration between 911 and 988 would provide more options for those in crisis, such as transferring mental health crisis calls to 988 call centers, dispatching MCTs to individuals in mental health or suicidal crises rather than police or EMS, and greater coordination around access to care options like crisis stabilization units.”<sup>15</sup>

There are numerous examples of communities that are implementing innovative programs involving coordinated BH suicide prevention and 911 interventions that represent an opportunity for adoption in other communities. Some are telephonic diversion programs while others involve the location of BH within PSAPs or co-responder models.

Additionally, there will be times when a center answering 988 calls will need to contact 911 because of an immediate, life-threatening emergency such as a suicide attempt in progress. At such times, communication and coordination between 988 centers and 911 PSAPs can be lifesaving.

### **Key differences between 988 and 911**<sup>16</sup>

The Lifeline, due to the nature of its work, will often not have complete identifying information on the person for whom they are seeking assistance from the PSAP. As outlined by the National Emergency Number Association (NENA):

- “Callers / texters / chat visitors are not required to give their name to receive assistance from [the Lifeline]. During the conversation some identifying details might be gleaned by [the Lifeline] that can be shared with the PSAP to assist with identification / location, but [the Lifeline] do not have any way to test the veracity of any caller- / texter-provided information
- A person at risk may voluntarily provide identifying information or location information if they consent to assistance, but in many cases a person intent on suicide will not provide those details. During the conversation, if an immediate life-threatening emergency such as a suicide attempt in progress, [the Lifeline] will ask the person for their name and location. If the person at risk does not disclose this, [the Lifeline] may have no other way to obtain the current location
- In general, [the Lifeline] should be able to provide a PSAP with: the phone number being used by the person at imminent risk or the IP address (if available for an online chat service). Mobile carrier information may also be available

For [Lifeline] phone calls or text conversations where the person at risk cannot or will not provide their name or location, [the Lifeline] will try to use a reverse phone lookup to help identify the individual’s city and state in order to find the correct PSAP to contact for assistance. This information from a reverse phone lookup may be outdated or inaccurate. [The Lifeline] may also use such sites to try to determine the person-at-risk’s name or address based on their phone number. [The Lifeline] will convey to the PSAP the source of

---

<sup>14</sup> National Action Alliance for Suicide Prevention, “Draft of 988 messaging framework,” accessed January 21, 2022.

<sup>15</sup> Mental Health America, “FAQ for Understanding 988,” accessed February 2022, [https://mhanational.org/sites/default/files/988%20FAQ%20with%20Vibrant%20\(logos%20included\).pdf](https://mhanational.org/sites/default/files/988%20FAQ%20with%20Vibrant%20(logos%20included).pdf)

<sup>16</sup> National Emergency Number Association, “Interconnecting Emergency Services IP Networks and Public Safety Broadband Networks,” October 22, 2021, accessed February 2022 <https://www.nena.org/page/InterconnectingESInet-PSBN>.

any identifying information provided to the PSAP, for example which information has come from the at-risk person and which has come from additional tools, including but not limited to those discussed here or later developed.”<sup>17</sup>

Lifeline centers are able to use the caller’s phone number or IP address to determine what city / town the person might be in and then use the PSAP Look-up tool that Lifeline call centers access through a phone vendor. This tool provides the 10-digit number for PSAPs across the country. However, there are limitations to its complete accuracy because users are rarely able to enter a complete street address, and the 10-digit numbers do not consistently place callers in the emergency queue to be answered.

---

<sup>17</sup> National Emergency Number Association, “NENA Suicide/Crisis Line Interoperability Standard,” March 4, 2022. Original text refers to crisis lines more generally.

## 2. Partnerships

---

As Vibrant outlines, “Collaboration between 911 and 988 is critical to ensure individuals in crisis are provided the full set of options they may need, such as transferring mental health crisis calls to 988 call centers, dispatching MCTs to individuals in mental health or suicidal crises rather than police or EMS, and access to care options like crisis stabilization units.”<sup>18</sup>

Building partnerships requires two-way collaboration between both Lifeline contact centers and PSAPs. The following section outlines information for PSAPs on establishing partnerships with Lifeline contact centers. For information directed toward Lifeline contact centers, see the 988 convening Lifeline contact center playbook.

### Establishing partnerships with Lifeline contact centers and crisis service providers

---

#### ***Lifeline contact centers***

As the first step, it is important for PSAPs to establish relationships with local Lifeline contact centers if they have not done so previously. The National Suicide Prevention Lifeline offers a [tool](https://suicidepreventionlifeline.org/our-crisis-centers/) that PSAPs can use to search for Lifeline contact centers based on location (<https://suicidepreventionlifeline.org/our-crisis-centers/>). PSAPs can look for Lifeline contact centers in their states / localities and begin outreach efforts.

Once the initial outreach is completed, PSAPs can discuss protocols with the local Lifeline contact center(s). When establishing a protocol or MOU with local Lifeline contact centers, PSAPs can consider formalizing the following elements:

- PSAPs’ designated zone of coverage, and Lifeline contact center’s designated zone of coverage<sup>19</sup>
- Process to both transfer calls from the PSAP to the Lifeline contact center and transfer calls from the Lifeline contact center to the PSAP, including
  - Technological systems
  - Data infrastructure and interoperability
  - What data will be shared according to what schedule
- Quality assurance and protocol to jointly review calls with potential issues
- Potentially requesting that the Lifeline contact center establish a prioritized 988 queue for 911 transfers to 988 to minimize wait time

Two sample MOUs are included in the [Appendix](#): one simple template and another specific for centers that are blended crisis / information and referral lines.

#### ***Non-Lifeline contact centers***

In addition to the Lifeline / 988 network, PSAPs may also interact with other national or local crisis lines / helplines as they assist individuals at imminent risk of suicide or harm to others. These may include: the Crisis Text Line, the Veterans Crisis Line / Military Crisis Line, the Trevor Project, local crisis lines not affiliated with the Lifeline, and national or local specialized helplines (e.g., addiction lines, gambling lines, 211 services).

---

<sup>18</sup> Mental Health America, “FAQ for Understanding 988,” accessed February 2022.

<sup>19</sup> National Emergency Number Association, “NENA Suicide/Crisis Line Interoperability Standard,” March 4, 2022.

## ***Crisis service providers***

As the National Council for Mental Wellbeing (NCMW) outlines, “Certified Community Behavioral Health Clinics (CCBHCs) ensure access to integrated, evidence-based addiction and mental health services, including 24/7 crisis response and medication-assisted treatment (MAT) for addiction, meet stringent criteria regarding timeliness of access, quality reporting, staffing and coordination with social services, criminal justice and education systems, and receive funding to support the real costs of expanding services to fully meet the need for care in their communities. Today, more than 430 CCBHCs are operating in 40 states, plus Washington, D.C., and Guam. A growing number of states are moving to implement the model—similar to other value-based or alternative payment models—independently via a state plan amendment or Medicaid waiver.”<sup>20</sup>

PSAPs can explore the possibility of transferring BH crisis calls to CCBHCs (currently 75 percent of CCBHCs directly operate a crisis call line, 21 percent report they participate in the National Suicide Prevention Lifeline network, and 17 percent partner with 911 to have relevant calls routed to CCBHCs). PSAPs can leverage the [CCBHC locator](https://www.thenationalcouncil.org/ccbhc-success-center/ccbhc-locator/?gclid=CjwKCAiAgbiQBhAHEiwAuQ6Bkpel4yG3KpPLVheUY42IzrFJ8iiQ3w6vU--6uuvMHGbRakhotQAb4RoCCLIQAvD_BwE) developed by National Council to look up CCBHCs in their communities ([https://www.thenationalcouncil.org/ccbhc-success-center/ccbhc-locator/?gclid=CjwKCAiAgbiQBhAHEiwAuQ6Bkpel4yG3KpPLVheUY42IzrFJ8iiQ3w6vU--6uuvMHGbRakhotQAb4RoCCLIQAvD\\_BwE](https://www.thenationalcouncil.org/ccbhc-success-center/ccbhc-locator/?gclid=CjwKCAiAgbiQBhAHEiwAuQ6Bkpel4yG3KpPLVheUY42IzrFJ8iiQ3w6vU--6uuvMHGbRakhotQAb4RoCCLIQAvD_BwE)).

In addition to exploring CCBHCs as an entry point for crisis services, PSAPs serving rural, remote, or underserved regions can also consider partnering with their local Rural Health Clinics (RHC) and/or Federally Qualified Health Centers (FQHCs) to support individuals in crisis. RHC and FQHC practitioners, including clinical psychologists and clinical social workers, can provide mental health and substance use disorder treatment through general case management services (e.g., chronic care management, general BH integration, and psychiatric collaborative care models).

Local PSAPs without any pre-existing knowledge of local behavioral crisis resources can consider whether they want to start building relationships with local crisis lines, who can in turn provide guidance on what BH resources exist in the local community and the range of crisis service providers (e.g., MCTs, 23-hour observation facilities). In Southern Arizona, for example, the crisis line has been serving as the convening partner that connects all the stakeholders in the crisis system.<sup>21</sup>

The degree of centralization varies in different states’ crisis systems. For PSAPs in states where an organizer or a supervising body for all the PSAPs exists, PSAPs can consider leveraging this body for information and BH resources at both the state and local levels. For PSAPs in states where the crisis line or crisis service provider has dedicated teams for outreach and coordination, PSAPs can engage with these teams as a starting point to establish formal relationships with crisis service providers.

Note that it is a requirement of the SAMHSA 988 grants that states and territories submit a plan that “includes state oversight of 988 and 911 coordination in collaboration with the state’s 911 administrator.”<sup>22</sup>

---

<sup>20</sup> Based on content in: National Council for Mental Wellbeing, “CCBHC and 911/PSAP Partnerships: Building Comprehensive Referral Resources and Strategies,” Accessed February 2022

<sup>21</sup> Based on conversation with Arizona Complete Health, February 2022.

<sup>22</sup> “Cooperative agreements for States and Territories to build 988 capacity: Notice of funding Opportunity No. SM-22-015,” Substance Abuse and Mental Health Services Administration, December 20, 2021, <https://www.samhsa.gov/grants/grant-announcements/sm-22-015>.



Once relationships are established, monthly or quarterly crisis system meetings could regularly convene relevant stakeholders (e.g., crisis lines, PSAPs, law enforcement, MCTs, 23-hour observation facilities) from the local community. Examples of topics covered in these meetings include any changes or updates in the crisis system statewide, updates from stakeholders (e.g., priorities they are working on, reporting of performance, issues encountered) and information about relevant trainings and events.<sup>23</sup>

## Case study: Georgia<sup>24</sup>

In Georgia, PSAPs have engaged with crisis line operators through a centralized PSAP network. The state has a relatively centralized PSAP structure, with an Executive Director of all PSAPs whose team meets with crisis lines and crisis service providers regularly to discuss issues and updates (e.g., rolling out of toolkit to PSAPs, creating call scripts). Any materials that crisis lines or service providers want to share with PSAPs can be disseminated through the Executive Director and his team. In addition, the state of Georgia has built an inventory of all facilities that receive emergencies, which PSAPs can easily access for outreach and relationship building.

Behavioral Health Link, a crisis services provider and operator of the state-wide Georgia Crisis and Access Line, employs staff as local liaisons to maintain local networks of crisis stakeholders. They have regular meetings with hospitals, schools, and jails, and recently started regular touchpoints with PSAPs.

## Strengthening ongoing collaboration with a broader set of stakeholders (e.g., community-based organizations, people with lived experience)

---

Engagement among PSAPs, law enforcement, crisis service providers, community-based organizations, and other stakeholders is critical to develop, implement, and enhance collaborative responses to BH concerns in the community. The National Alliance on Mental Health Massachusetts laid out eight considerations for establishing effective partnerships that can be applied to PSAP engagement with other stakeholders in the crisis system ecosystem:

**“Know your community:** In terms of addressing local mental health issues, understand who the people, groups, and systems are who might interact with individuals with mental illness or respond to someone in a psychiatric crisis. Additionally, who are the people whose lives are impacted by mental illness?

- Example community stakeholders: individuals with mental illnesses, people with lived experience, housing authorities, shelters, mental health providers, long-time community organization leaders, neighborhood watch groups, people and family members of people with serious mental illness, people who use drugs or witnessed or experienced an overdose

**Develop relationships:** community collaboration is all about relationships! Build and strengthen the relationships with your community stakeholders by trusting and respecting each member of your group. Relationships will also grow when partners hold each other accountable and take responsibility as you progress towards a shared vision.

---

<sup>23</sup> Based on conversation with Arizona Complete Health. February 2022.

<sup>24</sup> Based on conversation with Michael Claeys, Acting CEO for Behavioral Health Link, February 2022.

- Partners need to know that these meetings are not about receiving extra work from other organizations, but about bringing together community resources to make everyone's work more efficient and effective. Involving community partners increases commitment to the community as a whole. Without strong relationships, however, the partnerships will not succeed
- A possible first project of your Community Stakeholders Group could be a contact list of all stakeholders...Knowing who to call for various requests and having easy access on how to reach them is a valuable tool in relationship building

**Enlist bridge builders:** Bridge builders are individuals who can “translate” among the worlds of law enforcement, first responders, and mental health. They are the people who are willing to take the first step in reaching out to different circles and systems, and engaging people around a shared vision. Bridge builders can be a police officer who is particularly attuned to the needs of people with mental illness, a mental health clinician who works in the courts or criminal justice settings, or a probation officer or attorney who works on mental health issues. They can help diffuse conflict by interpreting the languages of different systems and helping the group communicate in language that is accessible to all. This can clear up misunderstandings and bring everyone onto the same page. Bridge builders may also increase awareness of and access to community resources.

**Define needs and mission:** Each community has a unique set of needs, as well as their own individual strengths that can be leveraged to meet these needs. It is crucial for a community partnership to define the community's needs and the mission of the group. Without this groundwork, efforts to maintain and sustain community collaboration will likely fizzle. Agreeing upon a shared need and mission or goal will keep the group together and on the same page. The needs and mission can change, and your community partnership should be flexible enough to allow for this through an active process of re-evaluation. Maintaining a common understanding of shared goals is key in order for the group to stay on task, stay focused, and not waste valuable time and resources!

**Identify a single point of contact:** Do not underestimate the value of having a single point of contact for your community partnership. Think of this single point person as the hub on a wheel from which all spokes are connected. This person can streamline communication and take the lead in helping to move the community partnership forward. The form of the point person's role may vary: the role can rotate or remain constant; the group might choose this person collectively; a stakeholder or volunteer might volunteer; or the group might develop another method for defining a point person. Regardless of the specifics, this single point of contact should be someone who is approachable and accessible and who the other stakeholders feel comfortable contacting.

**Communicate:** As with all relationships, communication is extremely important in community stakeholder meetings. Developing effective communication skills is an ongoing process that is a necessary foundation to a partnership's work. Healthy, open, and respectful communication can strengthen your partnership. It is particularly important to discuss the communication style of the group's meetings in order to ensure that all voices have equal time and weight. Another component of communication that is important to consider is that of information sharing between law enforcement, mental health, and other organizations. Different stakeholders will have their own existing guidelines and rules about information sharing. It is important to openly discuss the parameters around information sharing so that the group can reach an understanding and consensus for how, when, where, and why information will be shared.

**Establish regular, continuous meetings:** Once partnerships have begun to form and stakeholders are coming together to work on shared needs and goals, it is important for the group to commit to a regular timeframe for meetings. If the group lacks a regular meeting

schedule, it is too easy for other activities and assignments to “come up” and take the place of a meeting. A general way to start might be to schedule a monthly meeting for your community partnership. Knowing that all have committed to attending will help keep stakeholders accountable to one another, and more likely to maintain steady attendance. Community stakeholder meetings should also occur in a central location, ideally somewhere accessible, such as a community center or library. This will help to ensure that everyone is at the table and that all have an equal and active voice.

- Another option: Hold large quarterly meetings with all of your stakeholders, with smaller “working groups” that meet monthly or more to address specific issues, such as crisis response or streamlining interactions between PSAP and crisis lines

**Foster sustainability and commitment:** If community stakeholders come together for a shared purpose and goal, work on communicating, build bridges, and hold regular meetings, these community partnerships can be sustainable. Making a commitment on an individual level as well as an organizational level to the community partnerships is key. In order to do this, it is important to recruit the right people who have both the organizational support and the personal conviction to commit to the community partnership.

- Another piece that can help with sustainability of the community partnership is to find funding resources. These resources can fund training programs, travel to educational conferences, or organizational commitment to cover the salary and time of an individual member. Funding for community partnerships will go a long way in helping demonstrate the commitment and fostering sustainability”<sup>25</sup>

---

<sup>25</sup> National Alliance on Mental Illness Massachusetts, “Building Bridges: 10 essential elements for effective community partnerships between law enforcement and mental health,” October 2014, <https://namimass.org/wp-content/uploads/buildingbridges.pdf>.

## 3. Call processes

---

Establishing call processes is at the core of 911 / 988 collaboration. This section covers both call transfers from 911 to 988 (protocol typically defined by the PSAP and communicated to contact centers) and call transfers from 988 to 911 (protocol typically defined by the contact centers and communicated to PSAPs).

### Considerations for conducting transfers from 911 to 988

---

#### ***Warm transfers and information-sharing***<sup>26</sup>

According to the National Suicide Prevention Lifeline’s Warm Transfers Guidelines and Procedures: “A warm transfer refers to the process of transferring a caller to another department, organization, or service while prioritizing continuity of care. The opposite of a warm transfer is a ‘cold transfer’ in which a caller is simply patched through to another center without explanation or communication. In general, it is preferable for PSAP call takers to warm transfer BH crisis calls to 988. Warm transfers allow for both the caller and the receiving crisis counselor to be better prepared for the conversation through:

- Communicating with the caller about what to expect, including what information is to be passed on to the receiving crisis counselor
- Communicating with the receiving crisis counselor who the PSAP call taker is, from which PSAP they are calling, the purpose of the transfer, information about the caller and their situation. The PSAP call taker also obtains consent from the receiving crisis counselor to complete the transfer
  - Receiving centers need to accept warm transfers and gather any information they think necessary prior to the PSAP call taker disconnecting
- Communicating with both the caller and the receiving crisis counselor the PSAP call taker’s intent to disconnect from the call once the transfer is complete

When the counselor picks up, the PSAP call taker can introduce themselves and the PSAP from which they are calling. PSAP call takers can let the crisis counselor know that they have a caller who they would like to warm transfer to 988 and provide reason for doing so.

PSAP call takers can share the caller’s name, incident number, caller’s address, phone number, and any other pertinent information. It is important to share information in a respectful and straightforward manner, especially because the caller may also be on the line.”<sup>27</sup>

#### ***Technical options for 911 to warm transfer to 988***<sup>28</sup>

There are multiple options that could be adopted for PSAPs to transfer calls from 911 to 988. Several options and considerations are highlighted below.

##### **PSAP dials 988 number**

- Would be guaranteed to reach an open center
- May be easier to train staff on

---

<sup>26</sup> National Suicide Prevention Lifeline Warm Transfer Guidelines and Procedures (11/3/21)

<sup>27</sup> National Suicide Prevention Lifeline Warm Transfer Guidelines and Procedures (11/3/21)

<sup>28</sup> Material adapted from Shye Louis, Director, National Suicide Prevention Lifeline, March 2022.

- PSAP staff may have to wait through upfront message and routing, wait in a queue, and/or re-routing to back-up center
- Lack of reporting ability for Lifeline administrators

### **Warm transfer to a designated warm transfer 800 number provided by the Lifeline for PSAPs**

- Keeps Lifeline contacts in the 988 system
- Bypasses upfront greeting
- Routes to correct center based on data entered by PSAP
- Lifeline phone system admins could track / report on number of these transfers
- Training required for each PSAP on procedure
- PSAP staff would still need to wait through any queue time (active answer pullback time) and any routing to a back-up center

### **Provide PSAPs a national list of all Lifeline / 988 centers and a back door 10-digit termination number for each center for PSAPs to use for warm transfer**

- Reinforces importance of establishing relationships between PSAPs and Lifeline contact centers
- Bypasses Lifeline greeting and any wait times associated with active answer
- Lack of reporting ability for Lifeline admins
- Training required for each PSAP on procedure
- Requires updating the list regularly
- Does not take advantage of the Lifeline backup network (may reach a center not open / does not have capacity at the time and has to wait in a local queue)
- Allows each area to develop different protocols that may categorize callers for transfer differently and does not assist if the caller is from out of area (if there are ever instances where 911 needs to transfer a caller to a non-local center)

### ***Call transfers in Tribal Nations***<sup>29</sup>

There are limitations regarding what a PSAP call taker can do for a caller experiencing a BH crisis while within the boundaries of federally recognized tribal land. It is important that all PSAP call takers are aware of all jurisdictional boundaries in their area to ensure the appropriate response to the call. This varies greatly between the over 500 tribal nations and the states and counties within which their territories are located. The PSAP call taker could warm transfer the caller to 988, if appropriate, based on the transfer protocol established by the PSAP. However, PSAPs cannot dispatch rescue and 988 cannot dispatch mobile response unless they have established formal agreements with the tribe.

## **Example protocols used by different locales (transfers from 911 to 988)**

---

Individual PSAPs typically define their own call processes / protocols to identify, gather information on, and triage BH crisis calls. The below section captures multiple examples of protocols used by different PSAPs. Details on each of these examples can be found in the table below.

---

<sup>29</sup> National Suicide Prevention Lifeline Warm Transfer Guidelines and Procedures (11/3/21)

Locale	Population density	Overview of protocol for transfers from 911 to 988
Los Angeles	Metropolitan area	<ul style="list-style-type: none"> <li>The Los Angeles Police Department (LAPD) and Didi Hirsch have partnered on the design of a pilot to divert 911 calls so those in suicidal crisis or severe emotional distress can receive appropriate mental health assistance</li> <li>The protocol highlights the incoming 911 calls that are eligible for diversion to Didi Hirsch vs. calls that are mental health emergencies with law enforcement needs or calls that are medical emergencies without law enforcement needs</li> <li>This example also includes a sample script for PSAP call takers to warm transfer calls to 988</li> </ul>
Broome County, New York	Urban county	<ul style="list-style-type: none"> <li>Broome County has created an emotionally distressed caller workflow to identify and refer qualifying non-emergency mental-health related calls for immediate connection to a counselor</li> <li>The protocol provides a high-level view of the flow of low risk versus medium / high risk calls and a detailed risk assessment workflow</li> <li>Additional localities, including Huntsville, Alabama, are planning to adopt a version of the Broome County protocol</li> </ul>
Harris County, Texas	Urban county	<ul style="list-style-type: none"> <li>The Harris Center integrates BH call takers alongside 911 call takers at the Houston Office of Emergency Management from 6 am to 10 pm, seven days a week. This Crisis Call Diversion (CCD) program is designed to decrease reliance on preventable emergency and hospital services for people experiencing a mental health crisis</li> <li>The protocol features a risk assessment workflow for call takers to assess if a call is eligible for transfer to CCD, with emphasis on questions such as “is there any bleeding?” and “breathing normally?”</li> </ul>

### Los Angeles / Didi Hirsch<sup>30</sup>

The LAPD and Didi Hirsch have partnered on the design of a pilot to divert 911 calls so those in suicidal crisis or severe emotional distress can receive appropriate mental health assistance.

#### Potential situations for transfer to Didi Hirsch:<sup>31</sup>

- Suicide attempt or suicidal thoughts
- Possible suicide attempt or suicidal thoughts
- Mental illness
- Possible mental illness

**Protocol:** The protocol states that “The operator receiving the call shall conduct a thorough interview and determine if the circumstances meet any of the following criteria:

- The caller is threatening to jump from a bridge or structure
- The caller needs medical attention
- A suicide attempt is in progress
- The caller has a weapon and is in public with others present
- The caller has a weapon, is inside a residence / building, and with others present

<sup>30</sup> Based on Didi Hirsch Mental Health Services, “911 Call Diversion Project Overview,” November 2020.

<sup>31</sup> Based on LAPD Dispatch Protocol for 911 Diversion, effective February 1, 2021.

If any of the above criteria are met, the operator shall follow established policies, procedures, and guidelines and dispatch a patrol unit and/or transfer to the Los Angeles Fire Department (LAFD).

If none of the above criteria are met, the operator shall:

1. Create an incident in the PremierOne Computer Aided Dispatch system attempting to obtain the caller's name, location, phone number, and any pertinent information. The incident shall be closed using the "CTR" disposition code and "transferred PR to Didi Hirsch" noted in the comments.

**Note:** If the caller refuses to provide their location, the operator shall use the address of the Metropolitan or Valley Communications Dispatch Center. Location information provided by Automatic Location Information and/or RapidSOS shall be entered into the comments of the incident in the event it is needed later.

2. Advise the caller they are being connected to a crisis counselor and not to hang up. Tell the caller you are going to provide the counselor with some background information while the caller is on the line.

**Example:** *"I am going to connect you with a crisis counselor that can help you, please don't hang up. When the counselor answers, you are going to hear me give them some background information on you and what you're experiencing today. After that, you will remain connected to the counselor and I will drop off the line."*

3. Conference the caller with Didi Hirsch using the dedicated phone number **(424) xxx-xxxx**. This number is programmed into the Power 911 application in the "Quick Dial" section. Searching the key words "mental" or "suicide" will also display the Quick Dial entry.

4. Announce to the counselor that you are from LAPD and have a caller on the line, introduce the caller by name, and provide a brief synopsis of the situation.

**Example:** *"This is Operator 123 from LAPD. I have James on the line and he's been depressed recently over the death of his spouse. He reached out for some help today."*

5. Provide the counselor with the incident number, caller's address, phone number, and any other pertinent information.

6. Indicate that you are dropping off the line then release the call."<sup>32</sup>

**Crisis Call Management:** "Didi Hirsch crisis counselors will manage the caller's needs as they do all their calls, providing the highest quality, culturally competent care. The goal is to deescalate the crisis by providing support, risk assessment, collaborative safety planning, and linkage to resources.

**De-escalated Call Follow-up:** All diverted callers will be offered a minimum of one follow-up call at the end of the original call per best practices.

---

<sup>32</sup> LAPD Dispatch Protocol for 911 Diversion, effective February 1, 2021

**Safety Risk Call Triage:** If the crisis counselor assesses a safety risk, a crisis line supervisor will initiate rescue using the provided incident number. When police response is necessary, crisis counselors will continue to be involved as a stabilizing phone presence until the System-wide Mental Assessment Response Team (SMART) arrives. Note that the counselor will not transfer the caller back to 911. The only exception would be if the caller explicitly requests to be transferred back and the supervisor deems this to be appropriate.

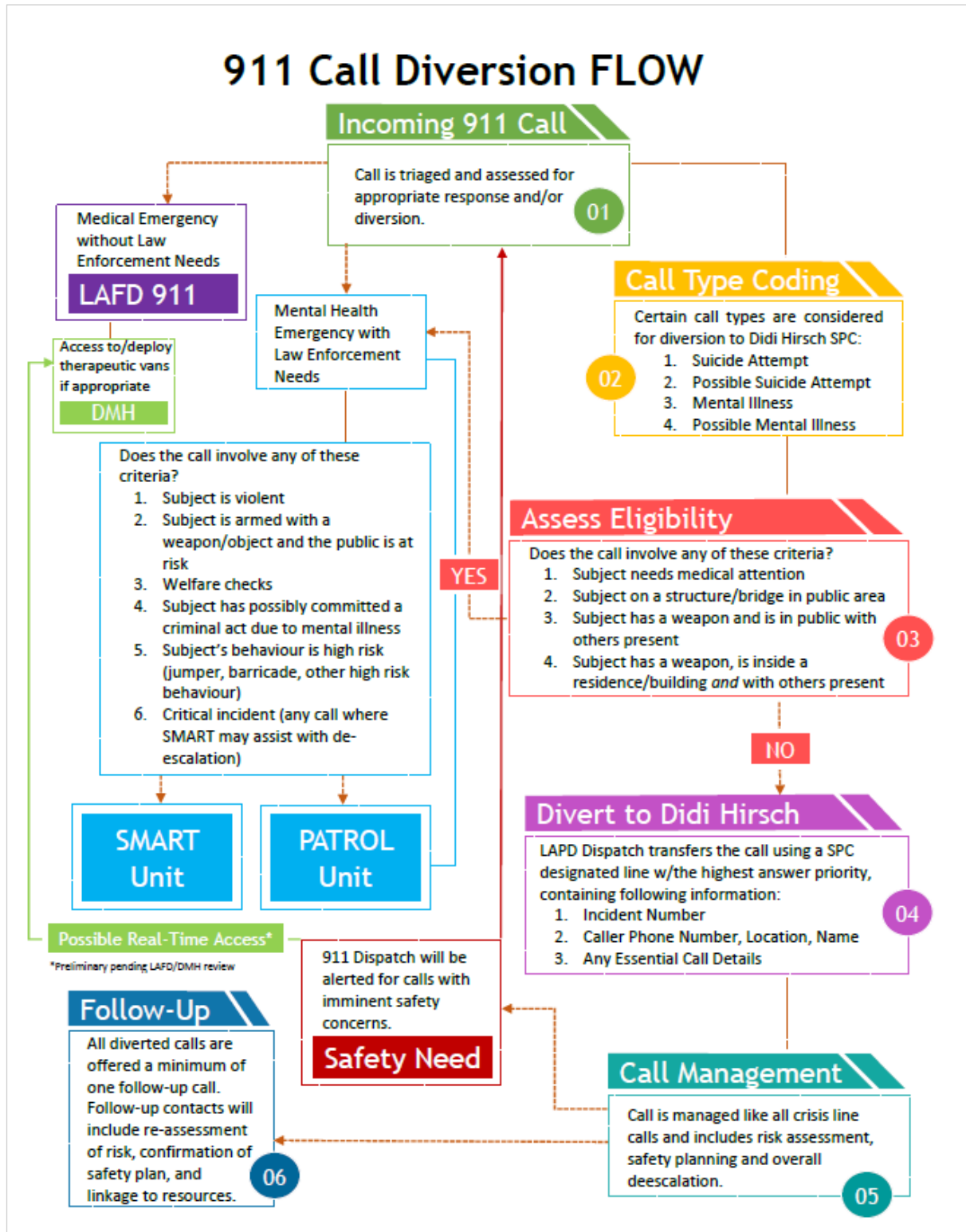
**SMART Call Follow-up:** Following the incident, the LAPD will offer follow-up services through the Case Assessment Management Program (CAMP). CAMP is an expansion of the SMART Program and provides referrals, intervention, and/or placement in mental health facilities for individuals with more acute needs.<sup>33</sup>

---

<sup>33</sup> City of Los Angeles inter-departmental correspondence, "Innovation fund recommendation - call direction to ensure suicide safety (CRESS)," November 19, 2020, [https://clkrep.lacity.org/onlinedocs/2020/20-1506\\_rpt\\_CAO\\_11-19-2020.pdf](https://clkrep.lacity.org/onlinedocs/2020/20-1506_rpt_CAO_11-19-2020.pdf).



Didi Hirsch 911 Call Diversion Flow:





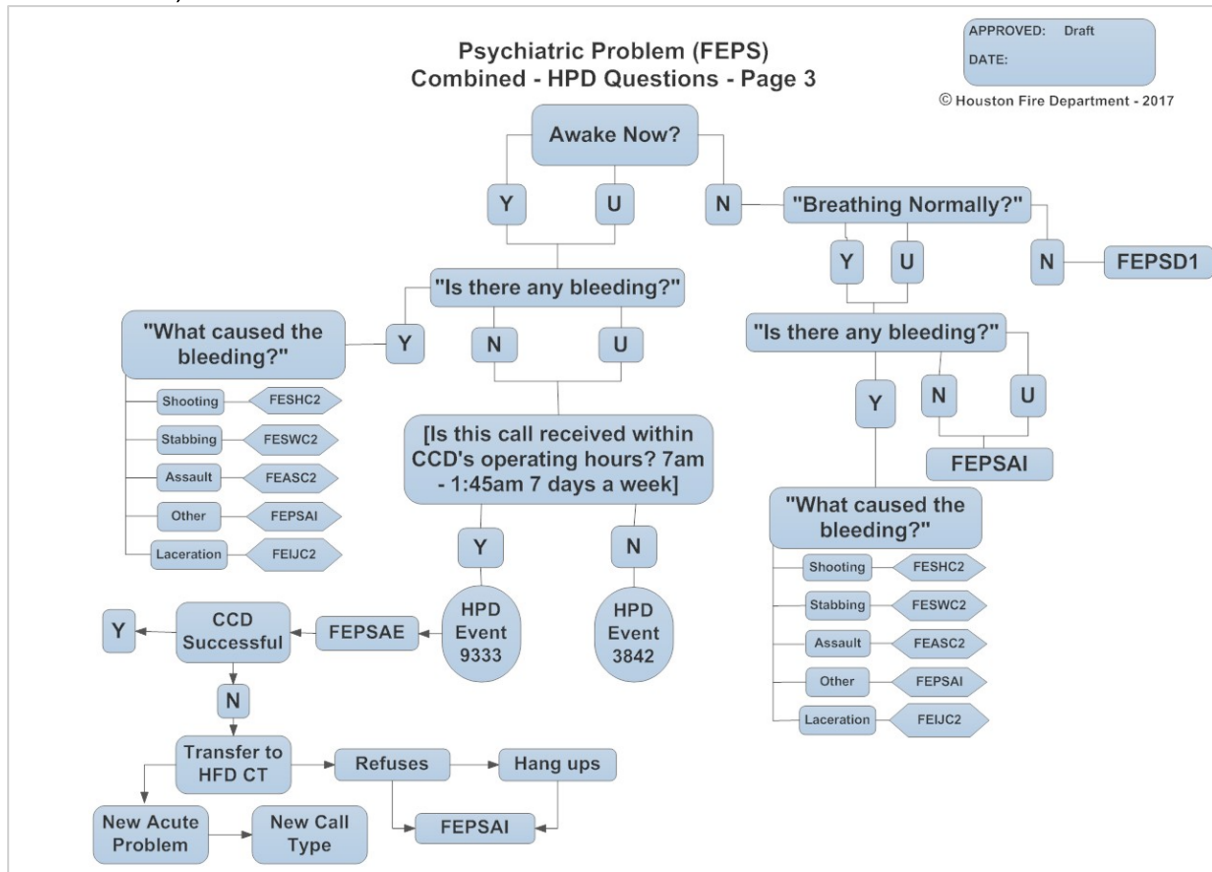
Deep dive on Broome County risk assessment:



## Harris County, Texas

The Harris Center for Mental Health and Intellectual and Developmental Disabilities (Houston, Texas) integrates BH call takers and 911 call takers at the Houston Office of Emergency Management from 6 am to 10 pm, seven days a week. This CCD program is designed to decrease reliance on preventable emergency and hospital services for people experiencing a mental health crisis. Crisis responders who sit in the Harris County 911 call center and work on the same technology platform can rapidly respond to people's needs, producing faster response times.

**Call diversion flow chart** from Houston Fire Department (CCD in the chart refers to crisis call diversion)



Its protocol states: "Questions that HFD call takers would ask to determine whether to transfer the caller:

- Are you currently attempting to kill or harm yourself or anyone else? (Has to be "No" or "Unknown" response to transfer to CCD)
- Are there any weapons involved? (Has to be "No" or "Unknown" response to transfer to CCD)
- Awake Now? (Has to be "Yes" or "Unknown" response to transfer to CCD)
- Is there any bleeding? (Has to be "No" or "Unknown" response to transfer to CCD)<sup>35</sup>

HFD call takers would also check on whether the call is during the CCD's operating hours. They would only transfer it to the CCD if it is.

<sup>35</sup> Stephanie Hepburn, "Embedding crisis response in Harris County's 911 Dispatch Center." December 14, 2021, <https://talk.crisisnow.com/embedding-crisis-response-in-harris-countys-911-dispatch-center/>.

## Considerations on call processes regarding 988 transfers to 911

---

NENA's 988 to 911 working group draft states: "Transfers from 988 to 911 may occur in the following cases:

- If the person needing intervention is willing and able to provide clarification on their location to receive help. (The 988 crisis counselor may stay on the line in these cases, but will inform the 911 call taker if they intend not to disconnect after transfer)
- Third-party callers: A third-party caller is someone who is seeking help for someone else. If a third party is reporting imminent risk / attempt in progress of someone they know, 988 may warm transfer the third-party caller to 911 so they can give more direct information about the person needing intervention to the PSAP. (The 988 crisis counselor would opt for transfer when it is unclear whether the third-party caller will follow through with calling 911 themselves to provide this information)
- Emergencies not related to suicide: Sometimes in the course of a 988 interaction about mental health or emotional distress, another emergency situation may be disclosed that requires some kind of life-saving intervention outside of suicide, such as a medical emergency or a violent crime in progress / imminent
  - When assessed as safe to do so, a 988 center can direct those callers to hang up and dial 911 for assistance so the 911 center can get correct location information
  - There may be times where it is assessed that it is not safe to do this, and the 988 crisis counselor may warm transfer the person to 911 to ensure that they contact emergency assistance

Lifeline / 988 centers will not generally transfer 988 callers who are currently in progress of suicide or at imminent risk to 911 to handle directly; rather, a supervisor or colleague at the center will contact the PSAP for assistance on behalf of the person needing intervention while the crisis counselor continues to interact with the person needing intervention as long as they can be kept on the line (until intervention arrives). For more information on this process please refer to the Suicide / Crisis Line Interoperability Standard (currently in Stable Form Notice 30-day period)."<sup>36</sup>

To handle transfers from 988 to 911 more effectively, PSAPs could consider "increasing general awareness and standardized training of call takers so that they are more aware of the Lifeline calls, the characteristics of the type of transfers, and are knowledgeable about the need to trace calls for emergency responses.

- **Awareness of 988:** Increase general awareness so that PSAP call takers know what Lifeline is and the characteristics of calls and they understand why the local crisis centers specialists will not have all of the information that they are expecting (i.e., what does the person look like?)
- **Caller location:** Provide standardized training so that PSAP call takers will consistently contact the provider to trace / ping the phone call.
- **IP lookup:** Train all call takers on how to do an Internet Protocol (IP) lookup
  - When the Lifeline contacts the PSAP with an IP address (from a chat interaction), the PSAP call taker needs to know how to call the person's internet provider and then request the IP lookup"<sup>37</sup>

---

<sup>36</sup> Input from NENA 911-988 working group, "988 to 911 Transfer," (draft as of February 11, 2023).

<sup>37</sup> Lifeline local crisis center and a national backup crisis center, "988 Training Opportunities for PSAPs," March 3, 2022.

- **Information exchange regarding the status of the caller:** According to NENA, they could also train call takers to “provide the disposition status of a call initiated by the Lifeline at the reasonable request of the Lifeline. The crisis line shall call the PSAP on a non-emergency number provided during the initial call, along with the appropriate incident / event number, to ascertain the disposition of the call”<sup>38</sup>

---

<sup>38</sup> National Emergency Number Association, “NENA Suicide/Crisis Line Interoperability Standard,” March 4, 2022.

## 4. Specialized training

PSAP time for training is variable and limited in many cases. However, if capacity exists, it could be helpful for PSAP operators to become familiar with mental illness and mental health-related situations they may encounter as well as approaches to de-escalate crisis calls. The list below highlights available training options. Note that some trainings are live sessions while others include reading materials.

### Training on overview of mental illness and situations that 911 operators may encounter

Training	Description	Link / additional information	Free / Paid	Estimated time to complete
National Alliance on Mental Illness (NAMI) – Sharing your story	NAMI Sharing Your Story is a presentation program that prepares individuals and family members to share their stories of lived experience with mental illness to a law enforcement / EMS / 911 audience during Crisis Intervention Team (CIT) training or other events where mental illness and related topics are featured. Originally created in law enforcement trainings, NAMI's Sharing Your Story has been expanded for fire, EMS, 911 providers, etc. NAMI Sharing Your Story presenters provide an opportunity for officers to hear about someone who experienced being in crisis and may have interacted with law enforcement as a result but is now living well with mental illness. The powerful and unique stories shared by NAMI presenters help increase participants' understanding and empathy, improving crisis response in communities.	PSAP can contact their <a href="#">local NAMI Affiliate</a> <sup>39</sup>	Free	Length of one presentation
Effective community responses to mental health crises: A national curriculum for Law Enforcement based on best practices from CIT Programs Nationwide - Instructor Guide	Developed by the CIT Center at the University of Memphis to expand the reach of effective crisis intervention strategies to law enforcement agencies and to encourage the development of mental health community / law enforcement partnership teams throughout the United States, this course could also help 911 operators by providing an overview of different BH conditions (including general definition, symptoms and behaviors that call takers may see in people with specific conditions)	<a href="#">Link</a> <sup>40</sup>	Free	Self-paced

<sup>39</sup> "Find your local NAMI," National Alliance on Mental Illness, accessed on March 8, 2022, <https://www.nami.org/findsupport>.

<sup>40</sup> Laura L. Kunard, Jessica Almendarez, Valerie Schmitt, and Ashley Shultz, "Effective community responses to mental health crises: Instructor guide," Bureau of Justice Assistance, U.S. Department of Justice, accessed February 2022, <https://bja.ojp.gov/sites/g/files/xyckuh186/files/media/document/cit-curriculum-instructor-guide.pdf>.

Training	Description	Link / additional information	Free / Paid	Estimated time to complete
Judges' Guide to Mental Illnesses in the Courtroom	Developed by the Council of State Governments, this guide shares observations that indicate a defendant may have a mental illness. Although originally created for judges, this guide could also be helpful for 911 operators in identifying callers with BH needs	<a href="#">Link</a> <sup>41</sup>	Free	Self-paced
Psychology First Aid	Utilizing the RAPID model (Reflective listening, Assessment of needs, Prioritization, Intervention, and Disposition), this specialized six-hour online course provides perspectives on injuries and trauma that are beyond those that are physical in nature. Participants will increase their abilities to: <ul style="list-style-type: none"> <li>• Discuss key concepts related to psychology first aid</li> <li>• Listen reflectively</li> <li>• Differentiate benign, non-incapacitating psychological / behavioral crisis reactions from more severe, potentially incapacitating crisis reactions</li> <li>• Prioritize psychological / behavioral crisis reactions</li> <li>• Mitigate acute distress and dysfunction, as appropriate</li> <li>• Recognize when to facilitate access to further mental health support</li> <li>• Practice self-care</li> </ul>	<a href="#">Link</a> <sup>42</sup>	Free	6 hours
Stress First Aid	Stress First Aid (SFA) is a framework to improve recovery from stress reactions, both in oneself and in coworkers. The model supports and validates good friendship, mentorship, and leadership actions through core actions that help identify and address early signs of stress reactions in an ongoing way (not just after critical incidents).	<a href="#">SFA for Law Enforcement Manual</a> <sup>43</sup>  <a href="#">SFA for Healthcare Workers Manual</a> <sup>44</sup>  <a href="#">SFA for Healthcare Professionals Webinar</a> <sup>45</sup>	Free	Self-paced

<sup>41</sup> American Psychiatric Association Foundation, Justice Center: the Council of State Governments, the National Judicial College, and Policy Research Associates, "Judges' guide to mental illnesses in the courtroom," January 2012, <https://csgjusticecenter.org/publications/judges-guide-to-mental-illnesses-in-the-courtroom/>.

<sup>42</sup> George Everly, Jr., "Psychological First Aid," John Hopkins University, accessed February 2022, <https://www.coursera.org/learn/psychological-first-aid?>.

<sup>43</sup> U.S. Department of Veteran's Affairs and the National Center for PTSD, "Stress first aid (SFA) for law enforcement," October 15, 2016, accessed February 2022, <https://www.ptsd.va.gov/professional/treat/care/toolkits/police/docs/PoliceStressFirstAid.pdf>.

<sup>44</sup> National Center for PTSD, "Stress first aid for health care workers," n.d., accessed February 2022, [https://www.ptsd.va.gov/professional/treat/type/SFA/docs/SFA\\_HCW\\_Manual\\_508.pdf](https://www.ptsd.va.gov/professional/treat/type/SFA/docs/SFA_HCW_Manual_508.pdf).

<sup>45</sup> Richard Westphal and Patricia Watson, *Stress First Aid for Health Care Professionals* webinar, American Medical Association and May 6, 2021, <https://www.youtube.com/watch?v=XU6JmpmqPOs&t=224s>.



Training on de-escalation of crisis calls

Training	Description	Link / additional information	Free / Paid	Estimated time to complete
CIT Support Training for 911	This 8-hour course of instruction is delivered virtually in two four-hour sessions conducted on consecutive days. The instruction prepares the 911 call taker so they can identify whether the call is mental-health related, utilize techniques to reduce the emotional level of the caller, and triage the call to dispatch appropriate services or complete a warm handoff to crisis services. If they decide to dispatch CIT patrol officers, this training will assist in understanding what information should be gathered and relayed to the responding officer. Scenario-based training based on actual mental-health related calls for service is also included to allow the attendees to practice the skills and provide further discussion.	<a href="#">Link<sup>46</sup></a>  Email: <a href="mailto:CITST911@CITInternational.org">CITST911@CITInternational.org</a>	\$250 registration fee	8 hours
Hearing Voices Network	Hearing Voices Network offers a one day workshop that gives a clear overview of the Hearing Voices Movement approach, including: <ul style="list-style-type: none"> <li>• Understanding the diversity of voices and visions</li> <li>• Different ways people make sense of these experiences</li> <li>• Voices and visions in context (exploring links to relational, social, cultural, spiritual, historical, and political worlds)</li> <li>• Strategies for living with difficult voices and visions</li> <li>• Working with, not on, voice-hearers and supporting their journeys</li> <li>• Accessing further support</li> </ul>	<a href="#">Link<sup>47</sup></a>  E-mail: <a href="mailto:info@hearing-voices.org">info@hearing-voices.org</a>	Paid	1 day

<sup>46</sup> "CIT support training for 911," CIT International, accessed February 2022, <https://www.citinternational.org/CITST911>.

<sup>47</sup> National Hearing Voices Network, "Training packages," 2019, [https://www.hearing-voices.org/wp-content/uploads/2019/06/HVN-Training-Booklet\\_webshare.pdf](https://www.hearing-voices.org/wp-content/uploads/2019/06/HVN-Training-Booklet_webshare.pdf).

Training	Description	Link / additional information	Free / Paid	Estimated time to complete
Emotional CPR	Emotional CPR (eCPR) is an educational program designed to teach people to assist others through an emotional crisis. eCPR is based on the principles shared by a number of support approaches: trauma-informed care, counseling after disasters, peer support to avoid continuing emotional despair, emotional intelligence, suicide prevention, and cultural attunement. It was developed with input from a diverse cadre of recognized leaders from across the U.S., who themselves have learned how to recover and grow from emotional crises. They have wisdom based on first-hand experience.	<a href="#">Contact form</a> <sup>48</sup>  Phone number: 877-246-9058	Donation of \$2,500 to \$4,000 is encouraged for a virtual training	12 hours
NENA Webinar	This webinar teaches basic, actionable steps for assisting suicidal 911 callers. It also provides information on NENA's suicide-prevention standard, crisis line interoperability, and other options for community collaboration that can increase the safety of people at risk of suicide.	<a href="#">Link</a> <sup>49</sup>	Free	1-2 hours
PSAP training needs from NENA Suicide / Crisis Line Interoperability Standard	This section in the Standard provides guidance for PSAP leaders who want to improve in-house training on suicide call management. It addresses three elements of emergent care that are important for 911 training: <ul style="list-style-type: none"> <li>• Connecting with the caller and building an alliance</li> <li>• Assessing risk</li> <li>• Intervening with the caller</li> </ul>	<a href="#">Link</a> <sup>50</sup>	Free	Self-paced

<sup>48</sup> "Contact us," Emotional CPR, accessed February 2022, <https://www.emotional-cpr.org/contact.htm>.

<sup>49</sup> Shye Louis, *Top 10 tips for helping people at risk of suicide*, webinar, National Emergency Number Association, accessed February 2022, [http://nena.mycrowdwisdom.com/diweb/catalog/item/id/8091111/q/q=\\*23Webinar&n=2&c=230](http://nena.mycrowdwisdom.com/diweb/catalog/item/id/8091111/q/q=*23Webinar&n=2&c=230).

<sup>50</sup> National Emergency Number Association, "NENA Suicide/Crisis Line Interoperability Standard," March 4, 2022.

# 5. Data collection

Appropriately coding and recording BH crisis calls is critical and enables more effective and accurate call volume / outcome monitoring and performance management. No standardized BH crisis codes are used universally across the country; instead, codes are developed at the local level.

## Defining behavioral health crisis codes


The granularity of BH crisis codes will depend on each PSAP’s capacity and specific local circumstances. Regardless of the specific codes that individual PSAPs select, they can:

- Potentially establish different call codes for people with mental health needs, substance use issues, housing needs, or those seeking services for other basic needs<sup>51</sup>
- Work with data system vendors to adjust existing data systems (e.g., adding and customizing codes)
- Update call scripts (e.g., “Are you calling for police, fire, EMS, or mental health services?”) that can be used to determine the caller’s needs and the corresponding coding for them<sup>52</sup>
- Provide appropriate training on coding and recording BH crisis calls for PSAP call takers

### Example: Harris County, TX

Local PSAPs / HPD (Houston Police Department) have established specific mental health call codes:<sup>53</sup>

### Mental Health Call Codes



**There are 27 MH Call Codes. CCD is authorized to assist on the following:**

<b>CIT Call Codes:</b>	<b>Non-CIT Call Codes:</b>
<ul style="list-style-type: none"><li>• 2150 – SUICID/JUST OCC/WPN UNK/CIT</li><li>• 2151 – SUICID/JST OCC/NO WPN/CIT</li><li>• 2841 – WELFARE CK/THT SUICID/CIT</li><li>• 2842 – WELFARE CHECK/URGENT/CIT</li><li>• 3041 – DISTURBANCE/CIT</li><li>• 3052 – TRESPASSER/PROWLER/CIT</li><li>• 3082 – SUSPICIOUS PERSON/CIT</li><li>• 3842 – WELFARE CHECK/CIT</li></ul>	<ul style="list-style-type: none"><li>• 3040 – DISTURBANCE/UNK WEAPON</li><li>• 3044 – DISTURBANCE/FAMILY</li><li>• 3050 – TRESPASSER/PROWLER</li><li>• 3080 – SUSPICIOUS PERSON</li><li>• 4089 – SUSPICIOUS EVENT</li><li>• 5030 – SEE COMPLAINANT/UNK</li></ul>

\*CCD may only assist on these non-CIT call codes if a MH concern is also documented in the call slip’s notes.

<sup>51</sup> “Conducting emergency and non-emergency call triage,” Justice Center, The State Council of Governments, accessed February 2022, <https://csgjusticecenter.org/publications/expanding-first-response/the-toolkit/call-triage/>.

<sup>52</sup> Ibid.

<sup>53</sup> The Harris Center for Mental Health and IDD

PSAPs could use these primary call problems to establish BH call codes. The information below highlights the top call problems identified in St. Louis, MO, as reported by the 911 Diversion Contact Center Dashboard.<sup>54</sup>

- Suicidal ideation (34.26 percent of all BH calls)
- Acute psychiatric crisis (29.51 percent of all BH calls)
- Non-acute mental health needs (25.9 percent of all BH calls)
- Education and assistance with referral
- Harm or threats of harm to others
- Substance use
- Housing needs
- Access to and/or problems with psychiatric medications
- Inability to meet basic needs
- Harm or threats of harm to self (other than suicidal)
- Domestic violence

## Gathering baseline data on BH crisis call volumes and dispositions

---

PSAPs can collect data on metrics related to responsiveness and utilization, and, over time and through collaboration with 988, report on the comparison of the number of BH crisis calls made to 911 vs. 988. This data collection will help create a system-level understanding of diversion patterns for mental health crisis calls.

PSAPs could collect and monitor the following metrics.<sup>55</sup>

<b>Responsiveness and utilization</b>	<ul style="list-style-type: none"> <li>• Number of BH-related calls received</li> <li>• Unique persons</li> <li>• Average speed to answer</li> <li>• Call problems (e.g., currently suicidal, acute psychiatric crisis, non-acute mental health needs)</li> <li>• Breakdown of BH-related calls by disposition status (e.g., transfer to 988, mobile crisis, co-responder response, law enforcement response)</li> <li>• Demographics of callers (e.g., race and ethnicity, age, gender, homelessness status)</li> <li>• Trend analysis: monthly diverted call trend, hourly 911 diversion call volume</li> </ul>
<b>Longer term outcomes: suicide and or mental health crisis diverted from police / EMS utilization</b>	<ul style="list-style-type: none"> <li>• Proportion of mental health crisis calls made to 988 vs. 911</li> <li>• Number and proportion of mental health crisis calls answered by 988 vs. mental health crisis calls answered by 911 (without collaborative input from a crisis center)</li> <li>• Note that for these metrics, collaboration between 988 and PSAPs is required. It is recommended that SAMHSA, the U.S. Department of Health and Human Services (HHS), and Vibrant Emotional Health (Vibrant) work with NENA and the National Association of State 911 Administrators to enhance 988 center / PSAP information exchange</li> </ul>

<sup>54</sup> Based on: "St. Louis's 911 Diversion Contact Center Dashboard," December 31, 2021,

<sup>55</sup> "Assessing Progress in 988 / Crisis System Implementation: Metrics and Recommendations" from Action Alliance, Didi Hirsch 911 Call Diversion Project Overview, St Louis. CRU reports

## 6. Information sharing

---

### **According to the NENA Suicide / Crisis Line Interoperability Standard:**

“Sharing of data between 911 and other entities within the crisis ecosystem can be critical for enabling the right response at the right time for individuals in crisis. Both critical incident data and caller information (e.g., caller ID, address, IP address) would ideally be able to be shared with partners, including Lifeline contact centers and first responder agencies.

Regulations currently do not limit data sharing between PSAPs and 988. PSAPs are legally permitted to obtain or request that a mobile carrier obtain the geolocation of a subscriber at imminent risk of death during exigent circumstances threatening death or serious bodily harm. (See, e.g., 47 U.S.C. § 222(d)(4)(A); see also 402 Michigan v. Fisher, 558 U.S. 45 (2009)).

PSAPs therefore may request that a carrier ping the location of an individual at imminent risk of death or serious bodily harm when alerted to same from a crisis line. Subscriber information can also be requested to obtain name and, sometimes, address or an alternate phone number.

There is no reasonably foreseeable legal risk (including with regard to HIPAA) to a PSAP for requesting that a carrier ping the imminent risk user's location during exigent circumstances that threaten the user's life or that of a third party. Nor is there a reasonably foreseeable legal risk (including with regard to HIPAA) for the PSAP to provide the crisis line with disposition information relating to the attempted rescue of such user.”<sup>56</sup>

PSAPs should still be aware of local laws and regulations and consult local legal counsel if needed.

**Additional information:** This includes the OCR / HIPAA Privacy / Security Enforcement Regulation Text, 45 CFR 164.512(j).<sup>57</sup>

---

<sup>56</sup> National Emergency Number Association, “NENA Suicide/Crisis Line Interoperability Standard,” March 4, 2022.

<sup>57</sup> U.S. Department of Health and Human Services, “Disclosures for public health activities: 45 CFR 164.512(b),” December 3, 2002, revised April 3, 2003, accessed [need date], <https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/disclosures-public-health-activities/index.html>.

## Example: Arizona<sup>58</sup>

Arizona Complete Health (a crisis service provider with a crisis line) shares reports with its system partners (e.g., PSAPs, other first-responder partner agencies), which can be tailored to specific county and segment of time (month, quarter, or year). The items shared in the reports include:

- Crisis Line (CL) call volume and episode volume (adult and youth)
- Crisis Mobile Team (CMT) volume (adult and youth)
- CMT average response time (general calls and law enforcement calls)
- Primary Presentation–Crisis Line (adult and youth)
- Primary Presentation–CMT (adult and youth)

PSAPs share these items with Arizona Complete Health:

- BH call type volume by day of week and time of day
- Heat mapping of BH call type
- Forecasting data based on additional call type transfers
- 911 high-frequency callers identified by phone number

Data sharing schedule occurs bi-monthly and monthly and the PSAPs or Arizona Complete Health can request info as needed.

---

<sup>58</sup> Information shared by Arizona Complete Health, February 2022.

## 7. Performance management<sup>59</sup>

---

Ideally, performance management processes undertaken by PSAPs should include quality assurance for BH crisis calls. Three committees can potentially be set up for this quality assurance as well as for other calls: a Quality Unit (QU), a Mid-level Proposal Committee (PC), and a Decision-making Committee (DC).

### Quality Unit

This group is a team of quality improvement specialists certified in conducting quality assurance in the 911 PSAP environment. They perform random audits or case reviews by listening to audio files of individual cases and reviewing them for compliance with protocol. This is a research and data committee for the ongoing Behavioral Health PSAP Readiness initiatives. The quality specialist, a member of the Committee, is also responsible for providing one-on-one feedback to emergency dispatchers, tracking the distribution of reports, and filing records.

The QU obtains, relays, and articulates data findings concerning targeted research and studies on a macro-level. This may include requests from field providers or emergency dispatchers via feedback forms. The PC and DC also provide the Committee with recommendations that stem from exemplary performance, acute events, or general requests from executive-level staff.

At both the micro and macro levels, the goal is to provide accurate information to be used in the decision-making process. This targets Behavioral Health 988 environment continuing dispatch education (CDE) opportunities and policy, as well as procedural, infrastructure, and technology enhancements.

A member of the QU relays information to the Research Committee for review and proposal activities.

The Quality Specialist Qualifications are:

- Industry PSAP EMD Certification
- Industry PSAP Quality Review Certification
- Communications experience
- Computer proficient
- Quality Assurance / Quality Improvement experience (preferred)
- Ability to articulate compliance results constructively

### Mid-Level Proposal Committee

The PC is a middle-management working group responsible for formally reviewing compliance reports generated by the Research Committee for individuals, shifts, and the entire communication center. It looks at and analyzes both problematic and exemplary cases. It also implements and follows through on all report forms, tracking mechanisms, quality assurance processes, and operational feedback reviews.

---

<sup>59</sup> Adapted from presentation by Ivan Whitaker of Priority Dispatch in March 2022.

Members of the PC usually include, but are not limited to:

- Direct supervisors
- Field representatives
- Emergency dispatch representatives for each discipline used in the communication center
- Research Committee personnel
- Training representatives
- IT representatives (ad hoc)
- Others as appropriate (ad hoc)

The PC must take notes of the proceedings, which can be made available to the DC and form documented proposals. Weekly meetings are recommended during the early phases of the Behavioral Health 988 Readiness Initiatives. The frequency of these meetings may then be reduced to monthly as appropriate. PC members' attendance and participation in these meetings should be regular and consistent with required functioning.

One of the PC's vital functions is to draft policies for the communication center and make formal recommendations to the DC. These policies and guidance can pertain to anything from processes within the center to CDE programs. It is recommended that, at a minimum, PSAPs should maintain clear policies that guide operations in:

- Protocol implementation
- Protocol use
- Quality improvement
- Local authorization
- Training / certification

### **Decision-making Committee**

The DC's purpose is to make final decisions and approve or disapprove policy as recommended by the PC. During the early phases of Behavioral Health 988 Readiness initiatives, it would be reasonable for the group to meet monthly. As the system becomes more settled, meeting quarterly or even less frequently may be appropriate.

Members of the DC usually include, but are not limited to, the following positions:

- Communication center director
- Senior management representative
- Public safety administrators (Fire Chief, Police Chief / Sheriff, Medical Director)
- Operations Director
- Chair of the DRC or Senior Quality Assurance Person (advisory capacity only)

It is also common to have an administrative assistant attend to provide accurate minutes of the meeting.



# III. Additional resources

## 1. Overview of 988 and its importance for 911

**Substance Abuse and Mental Health Services Administration (SAMHSA)**

**988: America's Suicide Prevention and Mental Health Crisis Lifeline**

<https://www.samhsa.gov/find-help/suicide-prevention/988-lifeline>

**Vibrant Emotional Health**

**Vibrant and 988**

<https://www.vibrant.org/988/>

**National Suicide Prevention Lifeline (NSPL)**

**The Lifeline and 988**

<https://suicidepreventionlifeline.org/current-events/the-lifeline-and-988/>

**National Suicide Prevention Lifeline (NSPL)**

**How Our Calls are Routed**

<https://suicidepreventionlifeline.org/wp-content/uploads/2022/01/What-happens-when-you-call-text-or-chat-the-Lifeline.png>

## 2. Partnerships

**The National Suicide Prevention Lifeline**

<https://suicidepreventionlifeline.org/our-crisis-centers/>

Tool enables search for Lifeline contact centers based on location

**National Council**

**CCBHC locator**

[https://www.thenationalcouncil.org/ccbhc-success-center/ccbhc-locator/?gclid=CjwKCAiAgbiQBhAHEiwAuQ6Bkpel4yG3KpPLVheUY42IzrFJ8iiQ3w6vU--6uuvMHGbRakhotQAb4RoCCLIQAvD\\_BwE](https://www.thenationalcouncil.org/ccbhc-success-center/ccbhc-locator/?gclid=CjwKCAiAgbiQBhAHEiwAuQ6Bkpel4yG3KpPLVheUY42IzrFJ8iiQ3w6vU--6uuvMHGbRakhotQAb4RoCCLIQAvD_BwE)

**National Alliance on Mental Health Massachusetts**

**10 Essential Elements for Effective Community Partnerships**

<https://namimass.org/wp-content/uploads/buildingbridges.pdf>

## 3. Call processes

**Embedding Crisis Response in Harris County's 911 Dispatch Center**

<https://talk.crisisnow.com/embedding-crisis-response-in-harris-countys-911-dispatch-center/>

## 4. Data collection

**The Council of State Governments**

**Key Strategies for Conducting Call Triage**

<https://csgjusticecenter.org/publications/expanding-first-response/the-toolkit/call-triage/>

## 5. Information sharing

**OCR / HIPAA**

**Privacy / Security Enforcement Regulation Text**

<https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/disclosures-public-health-activities/index.html>

# Appendix

---

## **Appendix A:**

### **Sample MOU between XYZ crisis center and ABC county 911 services**

This MOU outlines the working relationship between XYZ Crisis Center and the ABC County 911 System.

*Insert paragraph detailing programs and services of ABC County 911*

*Insert paragraph detailing programs and services of XYZ Crisis Center*

The following information is provided to both parties for coordination purposes:

#### **Responsibilities of the XYZ crisis center under this MOU:**

XYZ Center crisis counselors will accept calls referred by 911 operators from callers seeking non-emergent help with suicidal thoughts or emotional crisis.

XYZ Center crisis counselors will instruct callers needing emergency services, such as fire, law enforcement, or medical services, to hang-up and dial 911.

XYZ Center crisis counselors will attempt to collect appropriate information from callers unable or unwilling to dial 911 and transmit that information to the appropriate 911 PSAP.

XYZ Center crisis counselors will, when a caller or chat visitor is determined to be at imminent risk for suicide / suicide in progress, collect as much information as possible on the circumstances and notify the appropriate PSAP. This will include information on suicide plan, potential weapons, and other known dangers to responding emergency personnel. The XYZ crisis counselor will remain on the line with the caller as long as possible. The crisis counselor will share in these circumstances any caller ID information, address / location, IP address, or any other identifying information the caller has shared.

#### **Responsibilities of the ABC county 911 System under this MOU:**

ABC County 911 Operators will, at their discretion, refer or transfer callers in emotional crisis to XYZ Crisis Center. When possible, 911 Operators will inform crisis counselors that they have transferred a call and let the crisis counselor know whether they intend to monitor the call.

ABC County 911 Operators will use the identifying information provided by the crisis center for situations involving imminent risk of harm / harm in progress and assist with location and dispatch of emergency services to these callers / chat visitors 24 hours per day when requested by the XYZ Crisis Center.

This MOU shall take effect upon the date signed by both parties and shall be reviewed annually. Either party shall be allowed to terminate this MOU by submitting a written letter to the other party.

XYZ Crisis Center Name / title, Signature and Date

ABC County 911 Name / title, Signature and Date

## Appendix B:

### Memorandum of Understanding

*Between*

**Blended Crisis Center**

*And*

**Sample PSAP**

**Center Name** is a non-profit organization in **City, State** that answers various hotlines, including **xxx** and **xxx**, and local area calls for the National Suicide Prevention Lifeline. The hotlines provide callers with 24-hour telephone crisis / suicide prevention, and community information and referrals.

#### **Purpose:**

This memorandum describes and documents the working relationship between **Center Name** and the **PSAP Name**. (hereafter referred to as 911) in order to enhance delivery of Information & Referral, Crisis Intervention and Suicide Prevention services to community residents and assist with the non-emergency calls to 911.

**Center Name** and other local nonprofits, community organizations, and government agencies share a common mission of serving their communities. They seek to improve access to community health and human services and to serve as community barometers to indicate insufficient resources and gaps in services. With that mission in mind, **Center Name** is proud to partner with 911 in order to provide the community with appropriate information and referral, crisis intervention, and suicide prevention services and limit non-emergency calls to 911.

Each party to this memorandum is a separate and independent organization and nothing herein shall be constructed to create a joint venture or legal partnership. Each organization shall retain its own identity in providing services.

**Center Name** and 911 agree to the following:

#### **Component I: Confidentiality**

1. Client confidentiality is to be maintained by **Center Name** staff and volunteers **at all times**, except when the client gives the crisis counselor explicit verbal permission to share specific information to an agreed-upon entity for purposes of advocacy / referral or in cases where the crisis counselor learns of imminent danger to a person or persons, or in cases where the crisis counselor learns of abuse or neglect of a minor, disabled adult, or elder.
2. Every person contacting **Center Name** has the right to receive services without divulging his / her identity. Services provided to a client should in no way be affected by their choice to maintain anonymity. However, certain demographic and other information is requested and recorded for purposes of maintaining confidential client records and aggregated call reports.
3. **Center Name** and 911 will comply with all applicable federal, state, and local confidentiality laws.
4. **Center Name** will provide 911 with an aggregated data report of contacts referred to the 911 on a quarterly basis.

5. **Center Name** crisis counselors will consult with a supervisor prior to breaching a contact's confidentiality, except with suicide-in-progress contacts, violence-in-progress contacts, or contacts where the person has become unconscious.

**Component II: Community Collaboration**

1. **Center Name** and 911 will communicate, at least annually, to evaluate mutual processes and practices and make changes to this MOU as needed.

**Component III: Client Contacts**

2. 911 may direct callers requesting non-emergency related information and referral services to **Center Name** through referral, call transfer, or call conferencing processes.
3. 911 may direct callers in crisis or those individuals wanting to speak with a crisis counselor and not have EMS respond to their location to **Center Name** through referral or call transfer or call conferencing processes.
4. 911 may call conference **Center Name** for callers in crisis who have EMS responding to their current location.
5. **Center Name** crisis counselors will consult with a supervisor prior to calling 911 for callers who require emergency services due to imminent risk of suicide or violence.
6. **Center Name** can provide a presentation to 911 staff, as requested by 911 and schedule availability of **Center Name**.

**Component VI: Termination**

Shall either **Center Name** or 911 decide to terminate this memorandum of agreement they shall send written notice of intent to the other party 30 days prior to termination, which shall conclude all activity detailed in this agreement. Each party shall remove references to this agreement from their website and other similar documents.

For **Center Name**:

---

<b>Center Representative Name/Title</b>	Date
---	------

For **PSAP Name**

---

<b>PSAP Representative Name/Title</b>	Date
---------------------------------------	------