

# NENA

# Standard for 9-1-1/988

# Interactions

**Abstract:** This standard provides recommendations and best practices to help callers who are experiencing mental health crises. It outlines operational and technical considerations for ECCs/PSAPs to establish an effective working relationship with the 988 community.



NENA Standard for 9-1-1/988 Interactions

NENA-STA-045.1-2025

DSC Approval: December 10, 2024

PRC Approval: December 27, 2024

NENA Board of Directors Approval: January 11, 2025

ANSI Approved: January 27, 2025

Next Scheduled Review Date: January 27, 2030

Prepared by:

National Emergency Number Association (NENA) PSAP Logistics Committee, 9-1-1/988 Interactions Working Group



**© Copyright 2025 National Emergency Number Association, Inc.**

## 1 Executive Overview

988 is the new three-digit short code that directly connects individuals to the 988 Suicide & Crisis Lifeline network of crisis centers. Prior to the 2022 Lifeline rebranding, original legislation referred to this service as the National Suicide Prevention Lifeline (NSPL). 988 crisis centers provide care and support for individuals experiencing a mental health crisis, including callers experiencing suicidal thoughts, who are at risk of suicide, or who are struggling with emotional distress. When callers dial 988, they are connected to the 988 Suicide & Crisis Lifeline, with direct access to free and confidential emotional support and crisis intervention 24 hours a day, 7 days a week.

Beginning July 16, 2022, dialing the Lifeline's 10-digit phone number or 988 routes callers to the same services, providing access to an expanded network of crisis centers. Text and video services are available via 988, along with the existing Lifeline crisis chat service (instant messaging).

This standard was developed collaboratively with active participation by representatives from both the 9-1-1 and 988 communities, work began in 2021 in an attempt to capture best practices, 988 continues to develop and lessons are learned that will help further develop resources and activities. The standard is intended to provide guidance for Emergency Communications Center and Public Safety Answering Point (ECC/PSAP) managers and 9-1-1 system administrators to develop 9-1-1 policies, procedures, training, and cooperative agreements with 988 crisis centers; it offers recommendations for optimal service delivery to individuals seeking help through the 9-1-1 and 988 systems. Our aim is to support 9-1-1 and 988 communities in developing and implementing uniform, consistent expectations and offer best practices for mental health-response related policies and procedures.

It is important to note that interactions between 9-1-1 and 988 differ state by state due to local legislation. The guidelines and suggestions herein may not fit every state's model for 988 and 9-1-1 collaboration or operational partnerships. Readers are encouraged to research other professional standards, legislation, related local policy, protocols, and training requirements; and to work with their Local, State, or Tribal authorities.

## Table of Contents

<b>1</b>	<b>EXECUTIVE OVERVIEW.....</b>	<b>2</b>
<b>2</b>	<b>DOCUMENT CONVENTIONS.....</b>	<b>6</b>
2.1	DOCUMENT TERMINOLOGY .....	6
2.2	NENA INTELLECTUAL PROPERTY RIGHTS (IPR) AND ANTITRUST POLICY.....	7
2.3	REASON FOR ISSUE/REISSUE.....	7
<b>3</b>	<b>9-1-1/988 INTERACTIONS.....</b>	<b>8</b>
3.1	988 LEGISLATION AND STAKEHOLDERS .....	8
3.1.1	<i>Federal Legislation:</i> .....	8
3.1.2	<i>State Legislation:</i> .....	8
3.2	FUNDING.....	9
3.3	STAKEHOLDERS .....	9
3.4	ROLES & EXPECTATIONS OF PUBLIC SERVICE AND MENTAL HEALTH RESPONSE.....	10
3.4.1	<i>Role of 988:</i> .....	10
3.4.2	<i>Role of 9-1-1</i> .....	11
3.5	COOPERATION BETWEEN 9-1-1 AND 988 CRISIS CENTERS .....	11
3.5.1	<i>Strategies For Collaboration</i> .....	12
3.6	OPERATIONAL CONSIDERATIONS .....	12
3.6.1	<i>9-1-1 SOP &amp; POLICY:</i> .....	12
3.6.2	<i>Memorandum of Understanding and External Agreement between 9-1-1 and 988 crisis centers</i> .....	13
3.7	INFORMATION SHARING BETWEEN 9-1-1 AND 988 .....	14
3.7.1	<i>988 Responsibilities:</i> .....	14
3.7.2	<i>ECC/PSAP Responsibilities:</i> .....	15
3.8	TRANSFERS .....	15
3.8.1	<i>General Transfer Considerations</i> .....	15
3.8.2	<i>Translation Services:</i> .....	15
3.8.3	<i>Non-voice communication with 9-1-1 or 988:</i> .....	16
3.8.4	<i>Staying on the Line</i> .....	16
3.8.5	<i>Transfers from a 988 Crisis Center to a 9-1-1 ECC/PSAP</i> .....	16
3.8.6	<i>Transfers Not Related to Behavioral Health:</i> .....	17
3.8.7	<i>Transfers from a 9-1-1 ECC/PSAP to 988 Crisis Center:</i> .....	17
3.9	OPERATIONAL ANALYTICS .....	17
3.9.1	<i>Call Data</i> .....	17
3.9.2	<i>CAD Codes</i> .....	18
3.9.3	<i>Other Reporting</i> .....	18
3.10	OPERATIONAL TRAINING CONSIDERATIONS .....	18
3.10.1	<i>9-1-1 Staff training recommendations</i> .....	18
3.10.2	<i>Wellness Education for 9-1-1 and 988 Staff</i> .....	19
3.11	TECHNICAL CONSIDERATIONS.....	20
3.11.1	<i>Brief Technical Explanation of 988 for 9-1-1 Technical Experts</i> .....	20
3.11.2	<i>Brief Technical Explanation of 9-1-1 for 988 Technical Experts</i> .....	23
<b>4</b>	<b>IMPACTS AND CONSIDERATIONS.....</b>	<b>24</b>
4.1	OPERATIONS IMPACTS SUMMARY.....	24
4.2	TECHNICAL IMPACTS SUMMARY.....	25
4.3	SECURITY IMPACTS SUMMARY .....	25

4.4 RECOMMENDATION FOR ADDITIONAL DEVELOPMENT WORK ..... 25

**5 ABBREVIATIONS, TERMS, AND DEFINITIONS .....25**

**6 REFERENCES.....28**

**7 APPENDIX A.....30**

**SAMPLE DOCUMENTS.....30**

7.1 SAMPLE MEMORANDUM OF UNDERSTANDING ..... 30

7.2 SAMPLE AGREEMENT FOR INFORMATION SHARING..... 35

7.3 SAMPLE 9-1-1 ECC/PSAP STANDARD OPERATING PROCEDURE ..... 37

7.4 SAMPLE DECISION TREE FOR ECC/PSAP OPERATIONS..... 39

**8 APPENDIX B.....40**

8.1 SPECIAL NEEDS COMMUNITIES ..... 40

8.2 WHO CALLS BACK? ..... 40

8.3 COMPETING EMERGENCY NEEDS ..... 40

8.4 WHO IS THE PRIMARY AGENCY FOR THE SCENARIO? ..... 41

**9 APPENDIX C.....41**

9.1 RECOMMENDED SOP CHECKLIST FOR 988 CRISIS CENTERS..... 41

9.2 988 CRISIS CENTER POLICY AND PROCEDURE RECOMMENDATIONS: ..... 42

9.3 988 CRISIS CENTER STAFF TRAINING RECOMMENDATIONS ..... 43

**10 APPENDIX D.....45**

10.1 211 COMMUNITY SERVICES ACKNOWLEDGEMENT..... 45

**ACKNOWLEDGEMENTS.....45**



**NENA  
STANDARD DOCUMENT  
NOTICE**

This Standard Document (STA) is published by the National Emergency Number Association (NENA) as an information source for 9-1-1 System Service Providers, network interface vendors, system vendors, telecommunication service providers, and 9-1-1 Authorities. As an industry Standard it provides for interoperability among systems and services adopting and conforming to its specifications.

NENA reserves the right to revise this Standard Document for any reason including, but not limited to:

- Conformity with criteria or standards promulgated by various agencies,
- Utilization of advances in the state of the technical arts,
- Reflecting changes in the design of equipment, network interfaces, or services described herein.

This document is an information source for the voluntary use of communication centers. It is not intended to be a complete operational directive.

It is possible that certain advances in technology or changes in governmental regulations will precede these revisions. All NENA documents are subject to change as technology or other influencing factors change. Therefore, this NENA document should not be the only source of information used. NENA recommends that readers contact their 9-1-1 System Service Provider (9-1-1 SSP) representative to ensure compatibility with the 9-1-1 network, and their legal counsel, to ensure compliance with current regulations.

Patents may cover the specifications, techniques, or network interface/system characteristics disclosed herein. No license is granted, whether expressed or implied. This document shall not be construed as a suggestion to any manufacturer to modify or change any of its products, nor does this document represent any commitment by NENA, or any affiliate thereof, to purchase any product, whether or not it provides the described characteristics.

By using this document, the user agrees that NENA will have no liability for any consequential, incidental, special, or punitive damages arising from use of the document.

NENA's Committees have developed this document. Recommendations for changes to this document may be submitted to:

National Emergency Number Association  
1700 Diagonal Rd, Suite 500  
Alexandria, VA 22314  
202.466.4911  
or [crm@nena.org](mailto:crm@nena.org)

## 2 Document Conventions

**NENA: The 9-1-1 Association** improves 9-1-1 through research, standards development, training, education, outreach, and advocacy. Our vision is a public made safer and more secure through universally-available state-of-the-art 9-1-1 systems and better-trained 9-1-1 professionals. Learn more at <https://www.nena.org>.

### 2.1 Document Terminology

This section defines keywords, as they should be interpreted in NENA documents. The form of emphasis (UPPER CASE) shall be consistent and exclusive throughout the document. Any of these words used in lower case and not emphasized do not have special significance beyond normal usage.

1. **MUST, SHALL, REQUIRED:** These terms mean that the definition is a normative (absolute) requirement of the specification.
2. **MUST NOT:** This phrase, or the phrase "SHALL NOT", means that the definition is an absolute prohibition of the specification.
3. **SHOULD:** This word, or the adjective "RECOMMENDED", means that there may exist valid reasons in particular circumstances to ignore a particular item, but the full implications must be understood and carefully weighed before choosing a different course.
4. **SHOULD NOT:** This phrase, or the phrase "NOT RECOMMENDED" means that there may exist valid reasons in particular circumstances when the particular behavior is acceptable or even useful, but the full implications should be understood and the case carefully weighed before implementing any behavior described with this label.
5. **MAY:** This word, or the adjective "OPTIONAL", means that an item is truly optional. One vendor may choose to include the item because a particular marketplace requires it or because the vendor feels that it enhances the product while another vendor may omit the same item. An implementation which does not include a particular option "must" be prepared to interoperate with another implementation which does include the option, though perhaps with reduced functionality. In the same vein an implementation which does include a particular option "must" be prepared to interoperate with another implementation which does not include the option (except, of course, for the feature the option provides.)

These definitions are based on IETF RFC 2119 [2].

## 2.2 NENA Intellectual Property Rights (IPR) and Antitrust Policy

NOTE – The user’s attention is called to the possibility that compliance with this standard may require use of an invention covered by patent rights. By publication of this standard, NENA takes no position with respect to the validity of any such claim(s) or of any patent rights in connection therewith. If a patent holder has filed a statement of willingness to grant a license under these rights on reasonable and nondiscriminatory terms and conditions to applicants desiring to obtain such a license, then details may be obtained from NENA by contacting the Committee Resource Manager identified on NENA’s website at <https://www.nena.org/ipr>.

Consistent with the NENA IPR and Antitrust Policy, available at <https://www.nena.org/ipr>, NENA invites any interested party to bring to its attention any copyrights, patents or patent applications, or other proprietary rights that may cover technology that may be required to implement this standard.

Please address the information to:

National Emergency Number Association  
1700 Diagonal Rd, Suite 500  
Alexandria, VA 22314  
202.466.4911  
or [commleadership@nena.org](mailto:commleadership@nena.org)

## 2.3 Reason for Issue/Reissue

NENA reserves the right to modify this document. Upon revision, the reason(s) will be provided in the table below.

Document Number	Approval Date	Reason For Issue/Reissue
NENA-STA-045.1-2025	January 27, 2025	Initial Document

## **3 9-1-1/988 Interactions**

### **3.1 988 Legislation and Stakeholders**

#### **3.1.1 Federal Legislation:**

**July 16, 2020:** The Federal Communications Commission (FCC) adopts rules [3] to establish 988 as the new, nationwide, easy-to-remember 3-digit phone number for Americans in crisis to connect with suicide prevention and mental health crisis counselors. The rules require phone service providers to direct all 988 calls to the existing National Suicide Prevention Lifeline by July 16, 2022.

The rules apply to all telecommunications carriers, as well as all interconnected and one-way Voice over Internet Protocol (VoIP) service providers. Under these rules, calls to 988 will be directed to 1-800-273-TALK, which will remain operational during the 988 transition and after it is completed.

To ensure that calls to 988 reach the National Suicide Prevention Lifeline, all covered providers were REQUIRED to implement 10-digit dialing and make any network changes necessary to ensure that users can dial 988 to reach the National Suicide Prevention Lifeline by July 16, 2022 (Federal Communications Commission, 2022).

**October 17, 2020:** Congress passes the National Suicide Hotline Designation Act of 2020 [4]. The Act amends “the Communications Act of 1934 to designate 988 as the universal telephone number for the purpose of the national suicide prevention and mental health crisis hotline system operating through the National Suicide Prevention Lifeline and through the Veterans Crisis Line, and for other purposes”.

**October 24, 2021:** FCC Deadline for 10-digit dialing.

#### **November 18, 2021: FCC Texting Order**

The FCC adopts a Second Report and Order [5] to expand access to the National Suicide Prevention Lifeline by establishing the ability to text 988 to directly reach the National Suicide Prevention Lifeline, providing better support to at-risk communities in crisis, including youth and individuals with disabilities.

#### **3.1.2 State Legislation**

The FCC ruling created 988 and set high-level, universal rules and deadlines, the states are tasked with implementation practices to best meet their service levels and needs. As of the publication of this document, states created (or are in the process of creating) their own statutes, codes, task forces and implementation guidelines. Readers are encouraged to find legislative actions and resources specific to their state, region, and/or tribal community.



### **3.2 Funding**

The 988 Suicide & Crisis Lifeline is funded on a national level by the Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA oversees the grant, while a designated administrator oversees the 988 crisis center network. Grant opportunities and other monies are available through federal oversight organizations, such as SAMHSA, and are dependent upon specific actions and goals.

States, regions, and localities may receive additional funding through specific legislation or programs.

### **3.3 Stakeholders**

Comprehensive collaboration between 9-1-1 and 988 may include the following :

- Federal mental health organizations such as SAMHSA or Veterans' Affairs
- National mental health organizations such as the National Alliance on Mental Illness (NAMI) or the National Association of State Mental Health Program Directors (NASMHPD)
- Local mental health organizations and resources, including crisis contact centers that are or are not affiliated with 988.
- State policy makers
- State level mental health, public health agencies
- Local legislators/policy makers
- Law Enforcement
- EMS/Ambulance agencies
- Fire/Rescue
- Emergency Communication Centers (ECCs) and/or PSAPs
- Alternative response teams
- Social service agencies
- Individuals and families with lived experience of utilizing mental health and/or substance use crisis services.

### **3.4 Roles & Expectations of Public Service and Mental Health Response**

#### **3.4.1 Role of 988**

The 988 Suicide & Crisis Lifeline [11] is made up of a network of over 200 independently owned and operated local crisis centers. 988 connects a person experiencing a mental health crisis (or a third party concerned about another person) to a trained crisis counselor. Contact with 988 is available via phone, online chat, teletypewriter or telecommunications device for the Deaf (TTY/TDD), short message service (SMS) text, or American Sign Language (ASL) Videophone. 988 connects non-native English speakers to support through an Interactive Voice Response (IVR) option for a Spanish-speaking crisis counselor. Telephone translation services are available for 290 other languages; chat and text services are currently available in English and Spanish only.

When an individual reaches out to 988, a crisis counselor will listen to the individual, assess their current safety, and work to understand what they are experiencing. Crisis counselors work collaboratively with the person seeking help to de-escalate the crisis, provide support, determine coping skills, create a safety plan, and make connections to necessary help or resources.

988 crisis centers SHOULD also arrange to follow up with contacts to ensure their continued safety, check on the effectiveness of the safety plan developed with the 988 crisis counselor, amend the plan as needed, and review any barriers to making connections with additional services.

In situations involving imminent risk of suicide, 988 crisis centers must always use the least invasive intervention available to assist an individual. Non-invasive approaches include utilizing mobile crisis teams; working with the individual's loved ones or professionals; supporting the individual to get themselves to a Crisis Stabilization Unit, emergency department, or urgent care; as well as the methods mentioned above.

In cases where there is a suicide attempt in progress, or risk is imminent and a less invasive plan for the individual's safety cannot be developed with the individual, the 988 crisis center will seek assistance from ECCs/PSAPs to dispatch emergency intervention in alignment with the 988 Suicide Safety Policy.

Additional information on collaboration between crisis lines and ECCs/PSAPs to locate and assist crisis line contacts can be found in the NENA Suicide/Crisis Line Interoperability Standard (NENA-STA-001.2-2022) [6].

### **3.4.2 Role of 9-1-1**

9-1-1 services are well-known and well-established, though 9-1-1's role related to mental health response may or may not shift with the inception of 988. It is critical to acknowledge 9-1-1's existing operational role in your area and to understand that changes depend upon your state/tribal/local expectations of how 9-1-1 and 988 will respond to mental health crises. 9-1-1 must recognize 988's privacy paradigm and be aware of statutes or laws related to data sharing.

The primary role of 9-1-1 in mental health emergencies should mirror that of other emergencies—to assess incidents, gather information for responders, assign response; and ensure the safety of the caller, bystanders, patients, subjects, and responders. This typically occurs through the dispatch of public safety resources or alternate response teams, call processing, threat assessment, call sharing with 988, and thorough event documentation. 9-1-1 professionals MAY assist callers in awareness of available local resources, response models, and mental health protocols.

### **3.5 Cooperation Between 9-1-1 And 988 Crisis Centers**

With the implementation of 988, the public will begin to utilize both 9-1-1 and 988 for assistance. Response criteria will vary based on multiple factors including, but not limited to, geography, available resources, local standard operating policies, and jurisdiction. It is important to be aware of state, local, and/or tribal laws that direct response to various mental health emergencies; these include available response teams, use-of-force laws, or other applicable regulations that guide mental health call processing and response.

The ability to communicate critical information in a consistent manner will be integral for both 988 and 9-1-1 Emergency Communications Centers and/or Public Safety Answering Points (ECCs/PSAPs) to best provide assistance. Recognizing that some areas may have mandated response models, while others may not, will allow 988 and 9-1-1 to create and maintain a consistent response framework that best suits the locality. There are various mental health response models that may be dispatched depending on jurisdictional needs, such as co-responder models built in collaboration with existing public safety entities, mobile crisis teams that may be deployed in partnership with 988 crisis contact centers, and/or other alternative response teams.

It is recommended that cooperation begin by identifying the local standard of care. Next, ECCs/PSAPs should work collaboratively with the local 988 crisis center to develop a new and/or improved workflow with the goal of improving the standard of care (National

Association of State Mental Health Program Directors [NASMHPD], *988 Convening Playbook, Public Safety Answering Points*, 2022.) [12].

### **3.5.1 Strategies For Collaboration**

Establish a working relationship between the local 988 and 9-1-1 ECCs/PSAPs by:

- Identifying stakeholders.
- Establishing working groups to meet regularly for ongoing collaboration.
- Discussing potential call scenarios with the goal of working through processes and identifying policy and procedure needs. (See Appendix B, Section 8)
- Sharing and formalizing policies and procedures.
  - Sharing knowledge on available local response models.
- Establishing a memorandum of understanding (MOU) that outlines an agreed upon interagency workflow (see Appendix A, section 7.1 and/or NENA-INF-012.3-2020)
- Establish understanding and cross functional nature of each center by 'sit along' or site tour.
- Establish ongoing training schedule for 988 and 9-1-1 staff.
- Identifying information that can be shared with and without an MOU.
- Identifying interaction, goals and risks in MOU.

## **3.6 Operational Considerations**

ECCs/PSAPs SHOULD reference current plans and/or documentation created by local, regional, tribal, or state 9-1-1 and 988 stakeholder groups that address specific operational guidelines for 9-1-1/988 interaction. This section provides a non-exhaustive list of recommendations for the 9-1-1 community to consider.

### **3.6.1 9-1-1 SOP & POLICY**

ECCs/PSAPs SHOULD consider the following topics when creating local standard operating procedures (SOPs), policies, and/or directives pertaining to 9-1-1 and 988 interactions (see Appendix A, Section 7.3).

- 3.6.1.1 Information outlining locally available mental health, social service, or 988 crisis resources.
- 3.6.1.2 ECC/PSAP specific definition(s) for mental health emergencies.
- 3.6.1.3 ECC/PSAP specific guidelines for mental health emergencies involving law enforcement/fire/EMS personnel.
- 3.6.1.4 Call screening process for calls involving mental health emergencies, including a simple decision tree and/or appropriate safety questions to determine when to

transfer to 988 (Appendix A, Section 7.3, offers sample guidance on transfers).

3.6.1.5 Technical process for transferring calls to 988.

3.6.1.6 Minimum information ECC/PSAP will provide to 988.

3.6.1.7 Process for handling text-to-9-1-1 calls involving mental health emergencies.

3.6.1.8 Process for handling calls with language barriers and communications devices such as teletypewriters or telecommunications devices for the Deaf (TTY/TDD), and Telecommunication Relay Services (TRS) including Video Relay Service (VRS) and Internet Protocol (IP) Relay Service.

3.6.1.9 Process for addressing voice and non-voice contact from a citizen.

3.6.1.10 Process for handling 988-appropriate calls that are disconnected during transfer.

3.6.1.11 Process for handling law enforcement, fire, and or emergency medical services (EMS) requests from 988.

3.6.1.12 Risk-level matrix that identifies when to dispatch alternative response teams, EMS only, or co-responder teams in place of typical law enforcement in alignment with local policy.

3.6.1.13 Process for interacting with 988 crisis centers outside of the ECC's/PSAP's jurisdiction.

### **3.6.2 Memorandum of Understanding and External Agreement between 9-1-1 and 988 crisis centers**

ECCs/PSAPs SHOULD consider the following topics when creating a memorandum of Understanding (MOU) with 988 and detail the programs and services of each organization (See Appendix A, Section 7)

3.6.2.1 Define the common interests of the agreement including:

- Common terminology that both 988 and 9-1-1 communities should be familiar with, to ensure that errors are not made.
- Definition of imminent risk calls/exigent circumstances and when 988 will be contacting the 9-1-1 ECC/PSAP.

3.6.2.2 Detailed responsibilities of each party including:

- Call continuity framework, such as warm transfers and available technologies and/or recommended processes to address caller location.

3.6.2.3 Identify and agree on the best number or contact method to communicate imminent and non-imminent calls.

- Examples include a dedicated 10-digit line, administrative line, or other means such as a dedicated cell phone.

3.6.2.4 Call flow diagram and/or back-up resources in the event of a transfer failure.

3.6.2.5 Determine grievance and problem-solving steps.

3.6.2.6 Define review and change processes.

### **3.7 Information Sharing Between 9-1-1 and 988**

Information sharing between 988 and ECCs/PSAPs SHOULD be in accordance with local, state, and federal law. 988 services include an emphasis upon confidentiality and informed consent, while 9-1-1 callers understand that information availability is inherent in their call for service. As a result, 9-1-1 and 988 have different amounts and types of information available to them to share with other entities (see Appendix A, Section 7.2).

#### **3.7.1 988 Responsibilities**

When requesting assistance from an ECC/PSAP in an imminent risk situation and/or a suicide attempt in progress, 988 crisis centers SHOULD share the following information in no particular order:

- Address of the emergency –any part known based on information shared by a person at risk during the conversation,
- Caller phone number (from caller ID or text interaction),
- The 988 crisis center’s 10 digit call-back number for ECC/PSAP personnel,
- Name of Person Needing Assistance – any part known,
- Name or ID number of crisis counselor,
- Name of third party, if contact is based on a third-party interaction,
- Specific details about why the person was assessed as imminent risk (ex: specific plan, timeline, actions already taken),
- IP address (if a chat interaction) and contact information for the legal department of the Internet Service Provider (ISP),
- Tracking or reference number for the contact record (if available),
- Any known information that would impact the safety of first responders or improve emergency response,
- Whether the individual is or is not in agreement with connecting to 911.

### 3.7.2 ECC/PSAP Responsibilities

3.7.2.1 When requesting assistance from 988, the ECC/PSAP SHOULD share the following information:

- ECC/PSAP name,
- Callback number,
- Incident number,
- Description of the situation,
- Individual's information including individual's location, name, and phone number,
- Additional information (if known) regarding scene safety, location details, and critical notes.

3.7.2.2 When transferring a call to 988, ECCs/PSAPs SHOULD create a record of the call (in computer-aided dispatch [CAD] or other records system) and provide the incident number to enable access of location information/caller details if 988 needs assistance or additional information.

3.7.2.3 ECCs/PSAPs SHOULD advise 988 crisis counselors if a law enforcement/fire/EMS response has been initiated, if a joint response is necessary, and/or if the ECC/PSAP will stay on the line through 988 triage.

3.7.2.4 ECCs/PSAPs and 988 crisis centers MAY develop a verification process to allow 988 personnel to obtain the individual's disposition information from ECCs/PSAPs. (See NENA-STA-001.2-2022 for more information on follow up procedures).

## 3.8 Transfers

### 3.8.1 General Transfer Considerations

3.8.1.1 Both 9-1-1 and 988 SHOULD avoid disconnecting with callers when it's unclear that the caller will seek additional assistance from a more appropriate resource upon disconnect. In these instances, the receiving ECC/PSAP SHOULD transfer to, or directly connect with, the external agency or ECC/PSAP.

3.8.1.2 Best practice strongly recommends against blind/cold transfer for both 9-1-1 and 988. ECCs/PSAPs SHOULD follow ECC/PSAP-to-ECC/PSAP transfer processes in the *NENA Call Processing Standard*, NENA-STA-020.1-2020 [7].

3.8.1.3 Warm transfers are a recognized best practice of both 9-1-1 and 988.

### 3.8.2 Translation Services



- 3.8.2.1 ECCs/PSAPs and 988 crisis centers should consider processes that best fit their current operations as they relate to call transfers involving translation services, taking into consideration that transferring these calls may not be available and/or may affect a call taker's ability to hear and process calls (on either the 9-1-1 or 988 side).
- 3.8.2.2 When transferring calls involving a translation service, agencies must keep in mind call bridging limitations that affect call volume and develop protocols to address effective transfer processes.
- 3.8.2.3 ECCs/PSAPs also should assess how a transfer will affect availability of phone lines and consider phone resources or configurations to diminish issues.

### **3.8.3 Non-voice communication with 9-1-1 or 988:**

If text and/or chat services cannot be transferred between platforms, and the non-voice communication involves imminent risk, the receiving 988 crisis center MUST reach out to the indicated ECC/PSAP to relay information; the ECC/PSAP MUST provide confirmation of receipt. It is strongly recommended that receiving agencies maintain connection with the person in crisis. If non-voice communication is lost, ECCs/PSAPs SHOULD have policies in place to ensure the individual's crisis is addressed.

### **3.8.4 Staying on the Line**

ECCs/PSAPs SHOULD disconnect from 988 calls after transfer once the ECC/PSAP has shared all pertinent information with the 988 crisis counselor. ECC/PSAP policies MAY include a closing statement to the 988 crisis counselor identifying the disconnect point.

### **3.8.5 Transfers from a 988 Crisis Center to a 9-1-1 ECC/PSAP**

In general, 988 crisis counselors will maintain contact with the caller, especially with suicide in progress callers or other imminent risk situations. A 988 crisis center supervisor or other staff member SHOULD attempt to contact the indicated ECC/PSAP while the crisis counselor maintains contact with the person needing intervention (see NENA-STA-001.2-2022 for further information),

- 3.8.5.1 988 crisis center MAY transfer to 9-1-1 ECC/PSAP in the following cases:
- Individuals in need of intervention who are willing and able to provide their location directly to 9-1-1 for responders. The 988 crisis counselor MAY stay on the line in these cases but will inform the 9-1-1 telecommunicator if they intend to disconnect after transfer.
  - A third-party reports imminent risk/attempt in progress of someone they know to 988. 988 SHOULD transfer to 9-1-1 so the third party can provide direct information to the ECC/PSAP.



### **3.8.6 Transfers Not Related to Behavioral Health**

Sometimes during a 988 interaction about mental health or emotional distress, a caller discloses another emergency that requires life-saving intervention unrelated to the behavioral health emergency, examples include acute medical emergencies or a violent crime imminent/in progress.

- When safe to do so, the 988 crisis center can direct callers to hang up and dial 9-1-1 for assistance, allowing the ECC/PSAP to get quick and direct location information.
- When it is not safe to have the caller disconnect and directly contact 9-1-1, the 988 crisis counselor MAY initiate a warm transfer to the indicated 9-1-1 ECC/PSAP ensuring successful contact with emergency assistance.
- 988 SHOULD provide 9-1-1 with identifying information to assist 9-1-1 in locating the caller (through phone pings, descriptions, etc.).

### **3.8.7 Transfers from a 9-1-1 ECC/PSAP to 988 Crisis Center**

ECCs/PSAPs SHOULD consider transferring the following types of contacts to a 988 crisis center:

- Contacts from individuals in emotional distress and not in need of emergency services.
- Contacts from individuals seeking referrals to mental health or other community resources and not in need of emergency services.
- Contacts needing connection to crisis services notified or dispatched by 988, such as mobile crisis teams.
- Contacts where emergency services are not yet on scene at the mental health emergency, and the person would like to talk to a crisis counselor while they wait.

Prior to transferring a 9-1-1 caller to 988, the telecommunicator SHALL inform the caller about the 988 resource, gain consent for the transfer, and follow transfer processes in STA-020.1-2020 NENA Standard for Call Processing.

## **3.9 Operational Analytics**

Collecting analytics is an important task for both 988 and 9-1-1, it is helpful for funding purposes, gathering information for updating technology, and showing the positive interoperability between 988 and 9-1-1. The following are recommendations for baseline data collection.

### **3.9.1 Call Data**

#### **3.9.1.1 Track number of calls:**

- Diverted to 988/local crisis without law enforcement response,
- Diverted to 988 and sent back to 9-1-1,
- Diverted to 9-1-1 from a 988-initiated call.

- 3.9.1.2 Track 988 and 9-1-1 call volume, call duration, transfer destination, and time of day for incoming calls to determine impact on staffing.

### **3.9.2 CAD Codes**

- 3.9.2.1 Track frequency of mental health incidents through use of CAD call codes (incident type codes) specific to mental health emergencies.
- 3.9.2.2 ECCs/PSAPs SHOULD standardize their incident codes to match industry-recommended mental health type codes such as those found in APCO Standard 2.103.2-2019, Public Safety Communications Common Incident Types for Data Exchange.
- 3.9.2.3 "Welfare check" call codes are NOT RECOMMENDED since they are used for a variety of non-Mental Health-related events and may not properly track 988-specific incidents.

### **3.9.3 Other Reporting**

- 3.9.3.1.1 Consider splitting data into functionally useful sections, such as legislative districts, through coordinated efforts of 988 and 9-1-1.
- 3.9.3.1.2 Consider tracking the call processing time and call hold/transfer time for quality assurance and quality improvement purposes.

## **3.10 Operational Training Considerations**

### **3.10.1 9-1-1 Staff training recommendations**

All new staff SHOULD be trained on the following recommendations, and all staff SHOULD receive continuing training on 988 practices, policy, and procedure. ECC/PSAP telecommunicator training recommendations include:

- 3.10.1.1 Overview of local/regional/state 988 crisis center(s) and their roles and responsibilities, to include:
- 988 staff qualification and/or training,
  - Crisis acuity levels handled by counselors (e.g., suicidal with a plan and intent),
  - 988's ability to connect people with local resources,
  - 988's ability to dispatch alternative response teams, and
  - Follow-up requirements or processes.
- 3.10.1.2 Explanation of 988 routing for crisis conversations via all 988 contact

modalities and any existing limitations regarding location awareness of 988 callers.

- 3.10.1.3 Overview of 988's procedures on engaging 9-1-1 services, and any relevant policies such as suicide risk assessment standards or imminent risk policies.
- 3.10.1.4 Review of processes and resources for imminent risk scenarios with limited information.
- 3.10.1.5 Knowledge of state and/or 988 crisis center-specific protocols, policies, documentation requirements, and data regarding transfers between 988 crisis centers and ECC/PSAP's such as:
- Specific criteria or scenarios when 988 would contact the ECC/PSAP for police, medical, or fire services.
  - How the region or state will transfer from ECC/PSAP to 988 according to local procedures, and what actions the telecommunicator takes based on circumstances.
  - Required details to be shared between the 988 crisis counselor and the ECC/PSAP telecommunicator when they are available.
- 3.10.1.6 Where to access local/state 988 crisis center(s) direct phone numbers.
- 3.10.1.7 Seek opportunities for 9-1-1 staff to shadow and/or tour local 988 crisis centers, offer reciprocal opportunities to 988 staff.

### **3.10.2 Wellness Education for 9-1-1 and 988 Staff**

- 3.10.2.1 During training staff SHOULD be made aware of opportunities provided by their employer to address the mental and physical impact of working in chronically high-stress situations.
- 3.10.2.2 Leadership may provide access to the following, or resources similar to:
- Critical Incident Stress Management (CISM)
  - Professional Quality of Life (Pro QOL)
  - Psychological First Aid (PFA)
  - Skills for Psychological Recovery (SPR)
  - Peer Support (See NENA-INF-044.1-2021, *Peer Support Team Development, Implementation, and Oversight*) [8]
- 3.10.2.3 9-1-1 and 988 leadership SHOULD create a culture of safety and wellbeing for staff through support check-ins and learning opportunities focused on stress reduction and overall wellness techniques. (See *NENA Standard to Protect the Wellbeing of 9-1-1 Professionals* [9])

### 3.11 Technical Considerations

#### 3.11.1 Brief Technical Explanation of 988 for 9-1-1 Technical Experts

988 is based on the existing National Suicide Prevention Lifeline's enterprise telephony system, the network utilizes a national toll-free number (800-273-8255) operated by an administrator. Carriers provision switches to send 988 calls to this toll-free number, the call then routes to one of the many crisis centers in the 988-network based on the caller's area code and prefix; the crisis center receives the call with Automatic Number Identification (ANI) only. Overflow calls are directed to a designated subnetwork of national back-up crisis centers.

In addition to voice calls, 988 is also accessible via online chat and Short Message Service (SMS) text messaging. Those seeking help through online chat services, through the 988 website, or through SMS-to-988 are all offered a pre-conversation survey, which gathers information for prioritization and routing. Final routing follows the caller's geographic information—zip code for chat, area code and prefix for SMS. The routing table for each modality is based on geographic match, then within-state table, then national backup centers. See Figures 1, 2 and 3 for a visual representation of 988 technical flow.

When 988 crisis centers need to contact and coordinate with 9-1-1, the 988 crisis center has access to a commercially available database of ECC/PSAP administrative numbers via the 988 Administrator, 988 crisis counselors will try to get location information from the person in crisis and use that to determine which ECC/PSAP to contact. If the crisis counselor cannot obtain this information, the area code and exchange are used to determine the correct ECC/PSAP. For chat interactions, they use the IP address, zip code, and ISP information gathered from the pre-conversation survey. When contacting an ECC/PSAP, a 988 supervisor typically calls the ECC/PSAP using the public switched telephone network (PSTN), either by dialing 9-1-1 (if the 988 crisis center is in the same ECC/PSAP service area as the caller) or calling the admin line found in the ECC/PSAP database; the 988 supervisor then relays information to the ECC/PSAP. 988 MAY also use a "warm" (supervised) transfer to 9-1-1 when the caller is willing and able to provide more direct location information to the ECC/PSAP.

Location-based routing solutions for 988 are evolving and dependent upon federal regulations and technological capabilities.

Work continues to be done by industry stakeholders; readers are strongly encouraged to refer to current information on this topic.

Depending on how the local telephone system implements transfers, upon completion of a 988 transfer, the 988 system will remain in the path of the call. This may affect what occurs if 9-1-1 transfers the call, because if cascaded bridges exist, audio artifacts may be

introduced.

988 has access to a commercial 9-1-1 database of ECC/PSAP boundaries and admin numbers, NENA maintains a database of similar information; neither database is complete nor accurate. The commercial database relies on periodic outreach from vendors to ECCs/PSAPs to confirm information though ECCs/PSAPs may be reluctant to respond to such requests. The NENA database is based upon voluntary entry, and thus not complete, but is believed to be more accurate.

### Current Lifeline Technology Architecture – Voice

July 2022 Current State

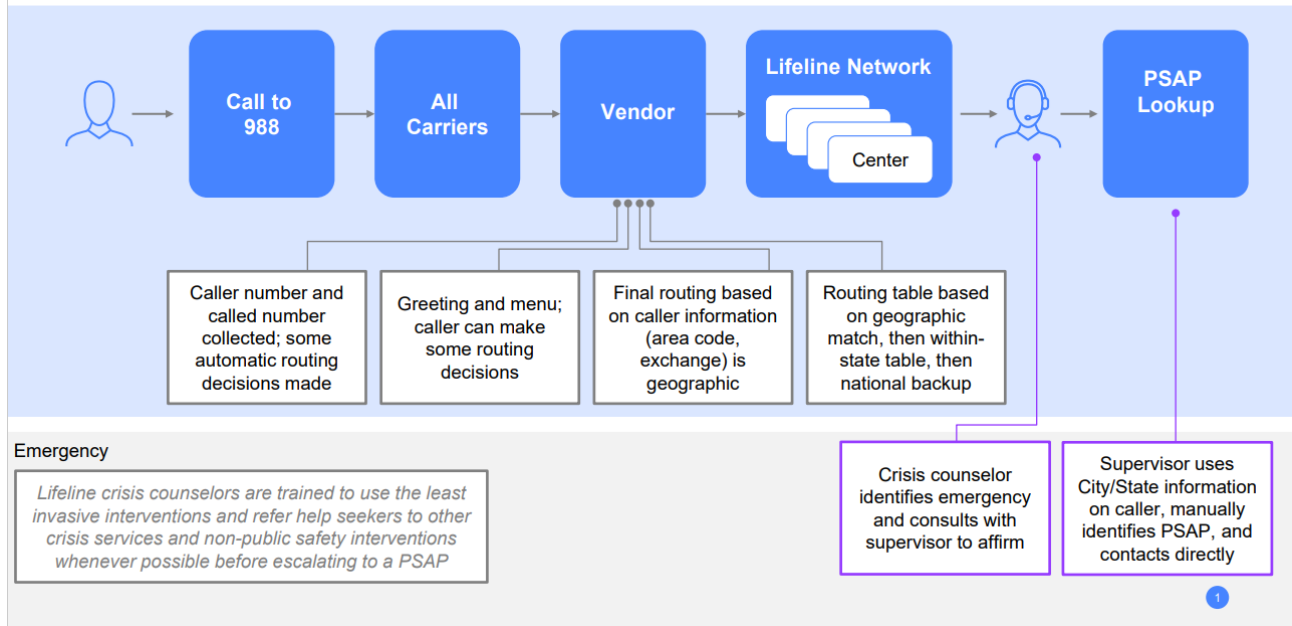


Figure 1 988 Lifeline Architecture for Voice Calls

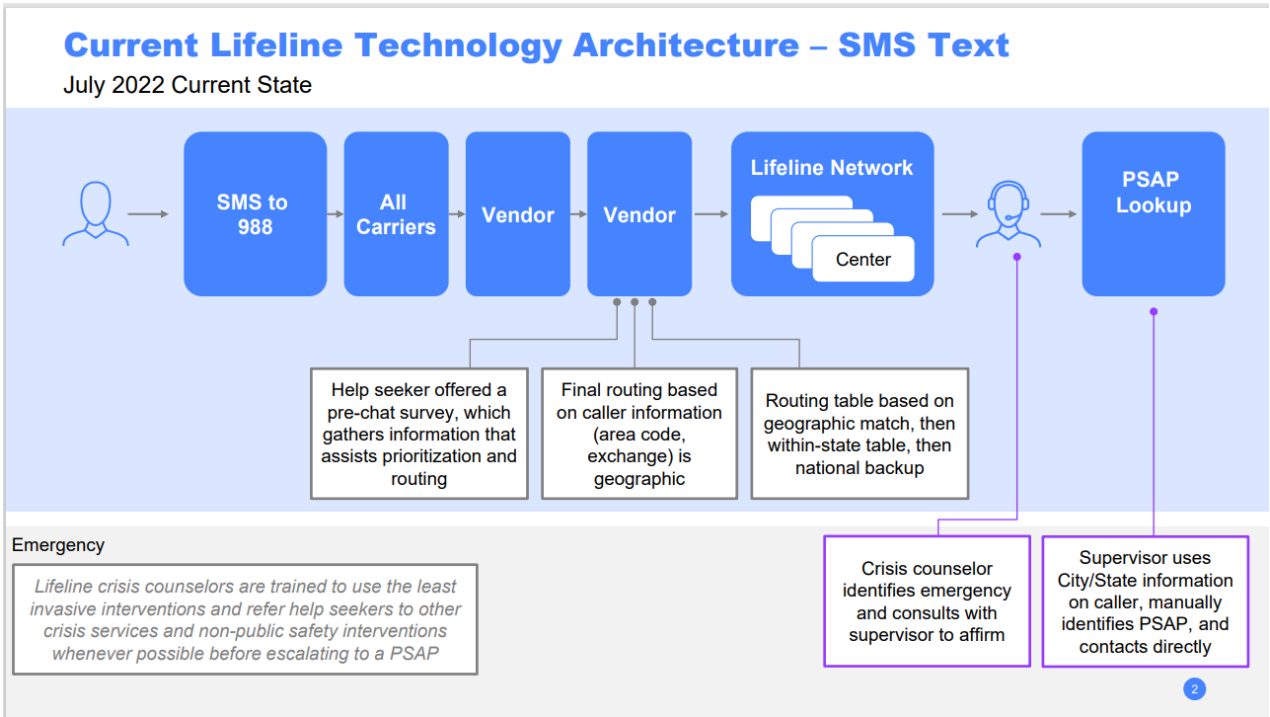


Figure 2 988 Lifeline Architecture for SMS Text Messaging

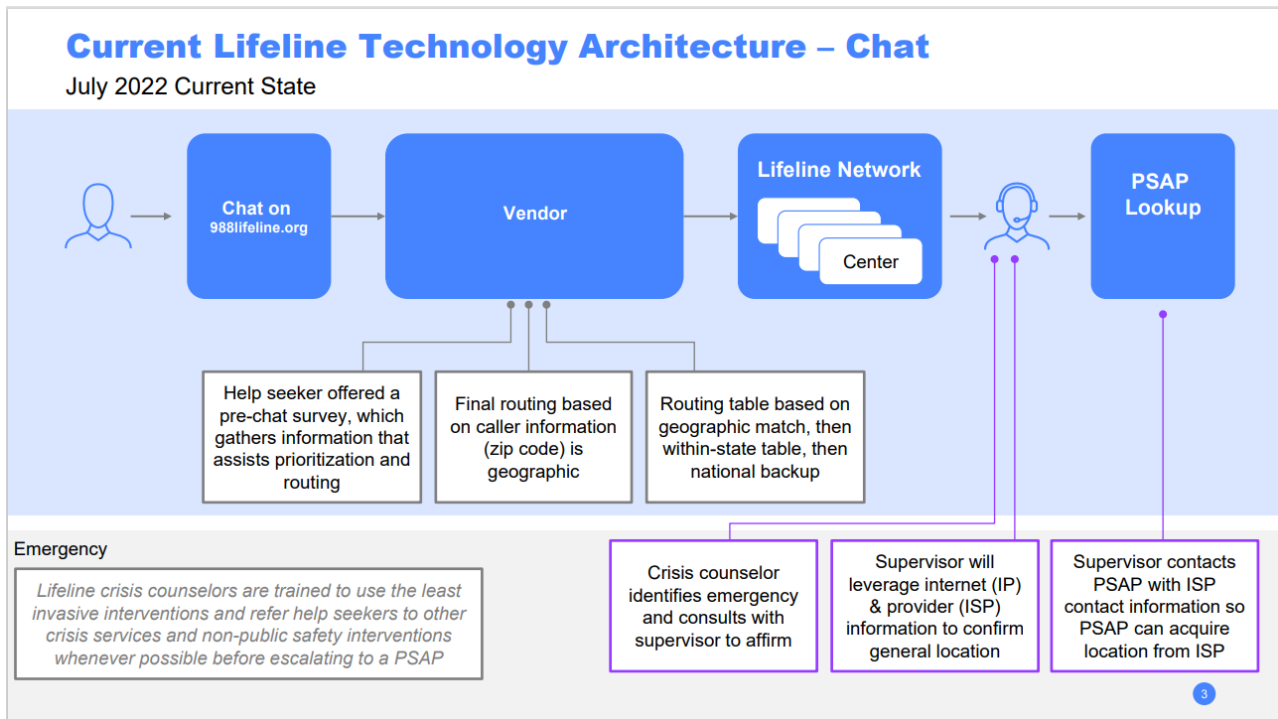


Figure 3 988 Lifeline Architecture for Chat Services

### **3.11.2 Brief Technical Explanation of 9-1-1 for 988 Technical Experts**

The 9-1-1 system is comprised of over 5000 “primary” Public Safety Answering Points (ECCs/PSAPs) in the United States. ECCs/PSAPs most often serve a political subdivision (city, county, township), but rarely is the actual service boundary the same as the political boundary because of agreements between ECCs/PSAPs based on actual response area dynamics. Due to the risk factors for public safety emergencies, 9-1-1 routing is difficult and very complex.

The 9-1-1 system is undergoing significant changes. The older system, called Enhanced 9-1-1 or “E9-1-1” is being replaced by a new system called Next Generation 9-1-1, or “NG9-1-1”. E9-1-1 is built on special purpose telephone switches called Selective Routers (SR) and two databases, a Master Street Address Guide (MSAG), and Automatic Location Identification (ALI). ALI is indexed by telephone number and enhanced to cover wireless and VoIP; the MSAG is used as a validity check before an address is loaded into ALI.

A telephone company, also called an “Originating Service Provider” (OSP), serving a wireline telephone subscriber, enters an ALI record for their subscriber as part of their sign-up process. The address is then validated against the MSAG, and the SR is provisioned with the ECC/PSAP serving the subscriber. When a 9-1-1 call is received at the SR, it switches the call to the right ECC/PSAP and sends the call, and call data, using Centralized Automated Message Accounting (CAMA) signaling over a telephone line (“trunk”). The number of trunks from a SR to an ECC/PSAP is small, roughly at or just above the number of ECC/PSAP positions.

When an ECC/PSAP gets a call, it uses Automatic Number Identification (ANI) to query ALI, which returns the address and other information, such as call back number and type of telephone service. For wireless and Voice Over Internet Protocol (VoIP), the ANI reported isn’t the actual telephone number of the caller, it is a special “pseudo-ANI” (pANI) assigned to the call that, when queried in ALI, sends a request to the OSP for the current location of the caller, which is then returned to the ECC/PSAP.

In NG9-1-1, the entire system is based on Internet Protocol (IP) using an Emergency Services IP network (ESInet), and the Session Initiation Protocol (SIP), mirroring call signaling processes used by newer enterprise, wireless and VoIP telephone systems. Location is attached to the call by the OSP in the SIP signaling. An Emergency Call Routing Function (ECRF) contains a map that includes precise service boundaries for ECCs/PSAPs and responders. When a call arrives at an Emergency Services Routing Proxy (ESRP), the ECRF is queried with the location, and it returns the route to the right ECC/PSAP. There are gateways allowing a legacy OSP to connect to an ESInet, and a legacy ECC/PSAP to



connect to NG9-1-1. NG9-1-1 has a concept called "Additional Data" that greatly expands the data accompanying a call, such as identity and contact information of service providers in the path, sensor data, alarm data, health data, and more.

In both systems, emergency calls arrive on emergency trunks (in E9-1-1), or queues (in NG9-1-1) and are treated as emergencies; ECCs/PSAPs also have 10-digit telephone numbers called "Admin Lines". In some ECCs/PSAPs, there are admin lines reserved for emergency-use only, while in others, admin lines serve a mix of emergency and non-emergency purposes. ECCs/PSAPs do not receive location information on admin lines.

Underlying both E9-1-1 and NG9-1-1 is an information system that displays the caller location at the ECC/PSAP.

9-1-1 deals with several kinds of written communications, all going under the heading of "text". 9-1-1 distinguishes between line-at-a-time text and character-at-a-time text. E9-1-1 can receive SMS (mobile texting) for line-at-a-time and TTY as character-at-a-time. In NG9-1-1, line-at-a-time text is supported using the Message Session Relay Protocol (MSRP) protocol, a non-proprietary form of "chat" or "instant messaging". SMS is converted to MSRP to accommodate legacy texting. NG9-1-1 supports "real time text" (RTT) using RFC4103 which is ITU-T.140 Real Time Text over IP. TTY is converted to RFC4103 RTT to accommodate legacy devices.

E9-1-1 systems can implement Text-to-9-1-1 using a "Text Control Center" (TCC). SMS is passed to the TCC, which routes it to the right ECC/PSAP using the same mechanisms as a mobile voice call. ECCs/PSAPs opt-in to text services and not all ECCs/PSAPs have updated their systems to allow it. Teletypewriter (TTY) is supported by all ECCs/PSAPs, TTY, though this older text system is becoming obsolete in the Deaf community. Text and video are supported natively in NG9-1-1, video is not yet widely implemented. Transfer of a text session to or from 988 is not possible as of the publishing of this document.

Transfers in both E9-1-1 and NG9-1-1 are a function of the 9-1-1 system and arrive on the emergency trunks (in E9-1-1) or queues (NG9-1-1). NG9-1-1 maintains all media (voice, video, text) on a transfer. Transfer of TTY calls works in E9-1-1 but transfer of text calls is limited. In NG9-1-1, when a call is transferred, it includes a new "Emergency Incident Data Object" which contains everything the ECC/PSAP knows about the incident (and the call) at the time it was sent.

## **4 Impacts and Considerations**

### **4.1 Operations Impacts Summary**

Implementation of 988 can have a significant impact on 9-1-1 operations and response allocation. Positive impacts include workload reduction on 9-1-1 professionals and the



ability to mitigate some mental health emergencies without the use of typical public safety responses. The relationship between 9-1-1 and 988 depends upon legislation and regional planning efforts specific to each state, it will take time to fully realize.

Use of this standard will aid in building a collaborative relationship and encourage positive operational improvements to mental health response in the public safety sphere, where applicable. ECCs/PSAPs and 988 stakeholders must continue to assess and refine their operational relationship as 988 becomes more widely accessed.

#### **4.2 Technical Impacts Summary**

The current technical impacts of using this standard are minimal and depend on how states, regions, or localities choose to implement their 9-1-1/988 model.

Future technical impacts will come from legislative and regulatory changes starting at the federal level and the application of those regulatory changes at state, regional, and local levels.

#### **4.3 Security Impacts Summary**

The current security impacts of using this standard are minimal and depend on the implementation of state, regional, and local policies.

Future impacts will come from refinement of policies and interactions between 9-1-1 and 988 service centers. As relationships are developed, security impacts will be clearer and remediated as needed.

#### **4.4 Recommendation for Additional Development Work**

As 988 systems are planned, developed, and implemented, then assessed for operational effectiveness, 9-1-1 and 988 stakeholders will have experience to inform and reshape best practices. Federal legislative changes will also influence the operational relationship between these two entities, offering additional topics to address in future development work.

This standard was developed as a starting point for 9-1-1 and 988 operations development, with the expectation that needs will continue to change and multiple versions of this standard are written.

### **5 Abbreviations, Terms, and Definitions**

See the NENA Knowledge Base (NENAb) [1] for a Glossary of terms and abbreviations used in NENA documents. Abbreviations and terms used in this document are listed below with their definitions.

<b>Term or Abbreviation (Expansion)</b>	<b>Definition / Description</b>
988	The three-digit dialing code that directly connects individuals to the pre-existing National Suicide Prevention Lifeline network of crisis centers (now called the 988 Suicide & Crisis Lifeline).
988 contact modalities	All methods one might use to contact 988, including but not limited to voice call, chat, text, videophone, TTY/TDD, or other communication method currently in use.
988 Suicide & Crisis Lifeline	<p>A national network of local crisis centers maintained by the federal Substance Abuse and Mental Health Services Administration that provides free and confidential emotional support to people in suicidal crisis or emotional distress twenty-four hours a day, seven days a week.</p> <p>Formerly known as the National Suicide Prevention Lifeline (NSPL, aka Lifeline)</p>
Cold Transfer	AKA "Blind Transfer", occurs when the caller is transferred to another agent without a receptionist or live agent providing an introduction and/or basic information.
CSU (Crisis Stabilization Unit)	<p>Crisis Stabilization Units (CSU) are small inpatient facilities of less than 16 beds for people in a mental health crisis whose needs cannot be met safely in residential service settings. CSUs may be designed to admit on a voluntary or involuntary basis when the person needs a safe, secure environment that is less restrictive than a hospital. CSUs try to stabilize the person and get him or her back into the community quickly.</p> <p><a href="http://www.Nami.org">www.Nami.org</a></p>
EDP (Emotionally Disturbed Person)	A person who appears to be mentally ill or temporarily deranged and is conducting himself in a manner which a police officer reasonably believes is likely to result in serious injury to himself or others.
Imminent risk / Exigent Circumstances	Evaluation by a crisis line of an individual's risk of suicide. There must be a close temporal connection between the person's current risk status and actions that could lead to serious bodily injury or death. The person indicates intent to die, a plan, and the capability to carry out their intent. Beyond 988 crisis center processes, imminent risk is further defined as an immediate and impending threat of a person causing substantial physical injury

Term or Abbreviation (Expansion)	Definition / Description
	<p>to self or others.            Exigent Circumstances cause a reasonable person to believe that entry (or other relevant prompt action) was necessary to prevent physical harm to the officers or other persons, the destruction of relevant evidence, the escape of the suspect, or some other consequence improperly frustrating legitimate law enforcement efforts. <a href="https://www.law.cornell.edu/">https://www.law.cornell.edu/</a></p>
ITU-T.140	<p>Defines a protocol for text conversation, also known as real-time text</p>
Mobile Crisis Team (MCT)	<p>One or more mental health trained professionals who respond to the location of individuals in crisis.            MCT availability and configuration of mental health professionals may vary by jurisdiction and, if circumstances warrant, can work in collaboration with police, emergency medical services, crisis hotlines, hospital emergency departments and others involved in the public safety system.</p>
Peer Support	<p>Peer Support is assistance provided by a person who shares a commonality with another person based on experience with a particular, or similar, situation or event. Peer Support can take many forms, but they all serve one goal, which is to provide a direct and relatable resource to support the cognitive, emotional, and psychological wellbeing of those dealing with personal and work-related stress. The most basic form of Peer Support is found in the daily positive and supportive interactions between friends and co-workers.            NENA-INF-044.1-2021</p>
ProQOL (Professional Quality of Life)	<p>Professional Quality of Life (ProQOL) is intended for any helper - health care professionals, social service workers, teachers, attorneys, emergency response, etc. Understanding the positive and negative aspects of helping those who experience trauma and suffering can improve your ability to help them and your ability to keep your own balance.  <a href="https://proqol.org/">https://proqol.org/</a></p>
PFA (Psychological First Aid)	<p>PFA is an initial disaster response intervention with the goal to promote safety, stabilize survivors of disasters and connect individuals to help and resources. PFA is delivered to affected individuals by mental health professionals and other first</p>

Term or Abbreviation (Expansion)	Definition / Description
	responders. The purpose of PFA is to assess the immediate concerns and needs of an individual in the aftermath of a disaster, and not to provide on-site therapy.
RFC4103	Describes how to carry real-time text conversation session contents in RTP packets
SPR (Skills for Psychological Recovery)	Skills for Psychological Recovery (SPR) is an intervention designed to follow Psychological First Aid (PFA) in the weeks and months following disasters and mass violence events. SPR aims to help survivors gain skills to manage distress and cope with post-disaster stress and adversity.
Warm Transfer	A warm transfer occurs when one employee answers a call and then transfers the call to a different employee or location and passes on any relevant information so that the caller doesn't have to repeat themselves.

## 6 References

- [1] National Emergency Number Association. "NENA Knowledge Base Glossary." Updated June 13, 2023. [https://kb.nena.org/wiki/Main\\_Page](https://kb.nena.org/wiki/Main_Page).
- [2] Internet Engineering Task Force. *Key words for use in RFCs to Indicate Requirement Levels*. S. Bradner. [RFC 2119](#), March 1997.
- [3] Federal Communications Commission. FCC 35 FCC 20-100. Report and Order In the Matter of the National Suicide Hotline Improvement Act of 2018. ([WC Docket No. 18-336](#)).
- [4] 116<sup>th</sup> United States Congress. *S.2661 – National Suicide Hotline Designation Act of 2020*. [Public Law No 116-172](#). October 17, 2020.
- [5] Federal Communications Commission. FCC 21-119. Second Report and Order In the Matter of the National Suicide Hotline Improvement Act of 2018. ([WC Docket No. 18-336](#)).
- [6] National Emergency Number Association. *NENA Suicide/Crisis Line Interoperability Standard*. [NENA-STA-001.2-2022](#). Arlington, VA: NENA, revised March 4, 2022.
- [7] National Emergency Number Association. *NENA Call Processing Standard*. [NENA-STA-020.1-2020](#). Arlington, VA: NENA, revised April 16, 2021.
- [8] National Emergency Number Association. *NENA Peer Support Team Development, Implementation, and Oversight*. [NENA-INF-044.1-2021](#). Arlington, VA: NENA, approved April 21, 2021
- [9] National Emergency Number Association. *NENA Standard to Protect the Wellbeing of*

- 9-1-1 Professionals*. [NENA-STA-002.2-2022](#). Arlington, VA: NENA, revised March 14, 2022.
- [10] Substance Abuse and Mental Health Services Administration. *988 Suicide & Crisis Lifeline*. <https://988lifeline.org/>
- [11] Federal Communications Commission. *988 Suicide & Crisis Lifeline*. <https://www.fcc.gov/988-suicide-and-crisis-lifeline>
- [12] National Association of State Mental Health Providers. *988 Convening Playbook, Public Safety Answering Points*. [https://www.nasmhpd.org/sites/default/files/988\\_Convening\\_Playbook\\_Public\\_Safety\\_Answering\\_Points\\_ECCs/PSAPs.pdf](https://www.nasmhpd.org/sites/default/files/988_Convening_Playbook_Public_Safety_Answering_Points_ECCs/PSAPs.pdf)

## 7 Appendix A

### Sample Documents

#### 7.1 Sample Memorandum of Understanding

#### MEMORANDUM OF UNDERSTANDING

Between

The County/City of \_\_\_\_\_

And

*(988 or local community partner)*

#### PURPOSE

1. The purpose of this document is to state the terms of a mutual agreement (Memorandum of Understanding) between **(ECC/PSAP)** and **(988 or local community partner)**, that will serve as a framework within which both organizations may coordinate the development of protocols and procedures to provide immediate, accessible care and support for all who might be experiencing suicidal/homicidal thoughts, at risk of harming self or of harming others, or who are struggling with emotional distress and may be in need of mental health support services and require immediate help.

Both Organizations bring different skill sets and expertise to help meet the needs of people in crisis. It is intended that this agreement will promote a joint collaboration between both entities to share authorized information in an approved manner for the benefit of the citizens in accordance with local, state, and federal laws.

#### RECOGNITION

2. **(ECC/PSAP)** recognizes **(988 crisis center or local community partner)** as a public service organization, which provides mental health crisis services to citizens during a request for assistance.

2.1 **(988 crisis center or local community partner)** recognizes **(ECC/PSAP)** as the Authority having Jurisdiction for the receipt, processing, dispatching and

response coordination of emergency calls for assistance.

## DEFINITIONS

3. “Definition of a mental health emergency or crisis: a situation in which a person's actions or behaviors may lead to self-harm, harm to others, or place them at risk of being unable to care for themselves or function in the community in a healthy manner. It can also refer to an unstable situation with an uncertain outcome, in which the person's capacity is temporarily overwhelmed.”

3.1 Definition of imminent risk “Evaluation by a crisis line of an individual’s risk of suicide. There MUST be a close temporal connection between the person’s current risk status and actions that could lead to serious bodily injury or death. The person indicates intent to die, a plan, and the capability to carry out their intent.”

## PRINCIPLES OF AGREEMENT

4. In order that the parties may share authorized information in performing their respective duties to provide the best emergency or crisis services to the citizens, the following principles and methods are agreed upon:

4.1 The role of **(ECC/PSAP)** is to:

- Assess and determine the appropriate type of mental health response to promote the safety of the caller, bystanders, patients, and responders
- Collaborate with **(988 or local community partners)** for training of **(ECC/PSAP)** staff to assess urgency of risks to caller in order to determine appropriate response
- Identify appropriate documentation and record keeping methods related to mental health calls for service, including new problem nature or incident types that might be used

4.2 The role of **(988 Crisis Center or local community partner)** is to:

- Offer emotional support, de-escalation and safety planning through crisis/suicide intervention techniques, providing connections to local resources, and, in some localities, providing or linking individuals to mobile crisis counselors to respond in-person (independently or with public safety agencies) to mitigate issues derived from or impacted by mental health crises

- Accept calls transferred by **(ECC/PSAP)** from callers seeking help with suicidal thoughts or emotional crisis when NOT at imminent risk of suicide or in progress with an attempt.
- Instruct callers needing emergency services, such as fire, law enforcement or medical services to hang up and dial 9-1-1 or utilize a warm transfer procedure to connect the caller to 9-1-1 ECC/PSAP.
- Attempt to collect appropriate information from callers in emergency circumstances who are unable or unwilling to dial 9-1-1 and transmit that information to the appropriate 9-1-1 ECC/PSAP.
- Seek 9-1-1 ECC/PSAP assistance for situations involving imminent risk for suicide/suicide in progress or danger to other persons, by collecting as much information as possible on the circumstances and notifying the indicated 9-1-1 ECC/PSAP.
- Provide the ECC/PSAP with information to locate an individual in imminent risk, such as caller ID information, IP address, physical address/location or any other identifying information and hazards, the caller shared with the crisis counselor.
- Provide training for ECC/PSAP staff about crisis center's services

4.3 The parties will establish bi-directional agency-to-agency transfer protocols and procedures to foster efficient and secure transfer and sharing of information to help the public during emergencies. Where required, establish protocols between parties regarding transfers for business hours, after-hours and weekends, and for agencies receiving non-voice communications. Each agency will use a decision tree, internal protocol, or some type of quick reference for guidance. *[See sample Decision Tree]*

- Blind/cold transfers are never recommended
- Prior to transfer, the caller being transferred should be informed of, and give consent to the transfer,
- **(988 or local community partner)** transfer, the crisis counselor on the line with the caller might not transfer the caller to **(ECC/PSAP)**; in certain situations the crisis counselor may stay on the line with the caller while another crisis counselor contacts **(ECC/PSAP)** to relay pertinent information
- **(ECC/PSAP)** may transfer the call and deliver agreed upon information, stay on the line until **(988 or local community partner)** advises it's okay to disconnect
- Develop protocol if during transfer a busy signal is received or excessive wait time is encountered due to unforeseen circumstances



- During a transfer, when possible, **(ECC/PSAP)** will identify agency name, callback number, incident number, description of situation, individual's location, phone number, name and any other information determined to be pertinent.
- Wherever possible, chat/text line communications will be maintained by **(988 or local community partner)** while contact is initiated with **(ECC/PSAP)**

4.4 Information sharing between **(ECC/PSAP)** and **(988 or local community partner)** should be in accordance with local, state, and federal law. **(988 or local community partner)** services may include an emphasis upon confidentiality and informed consent, while **(ECC/PSAP)** understand that information availability is inherent in their processing of calls for service.

4.5 The parties may exchange authorized information, as required, through voice, text, and images to support a call transfer.

4.6 The parties agree to treat all information received as confidential and protected, as required by law, and to use information only for the successful resolution of the incident, and to provide services for the health, welfare, and safety of the citizens.

4.7 The parties will work with each other to meet the needs of the public by providing relevant and authorized information either maintained or received by either party which may assist either party in fulfilling its duties as they relate to providing service to the public during an emergency event.

4.8 The parties may develop a report sharing protocol to assure the quality of each department protocol and procedures.

4.9 The parties should develop grievance procedures and problem-solving steps and/or escalation processes.

4.10 The parties should develop a review and change process.

## **AUTHORIZATION**

5. This memorandum shall take effect upon its signing by authorized representatives of each organization. It may be amended by mutual agreement of the parties and will remain in effect until terminated by either party, upon ninety **(90 days)** advance written notice to the other. Nothing herein will create any joint venture, partnership, or other business association, nor shall either party enter into any obligation or commitment on behalf of the other.

**Signature:** \_\_\_\_\_  
**(ECC/PSAP)**

**Signature:** \_\_\_\_\_  
**(988 or local community partner)**

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**(AUTHORIZATION PARTY)**

\_\_\_\_\_  
**(AUTHORIZATION PARTY)**



## 7.2 Sample Agreement for Information Sharing

### AGREEMENT FOR INFORMATION SHARING

This **AGREEMENT**, made the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ by and between **(ECC/PSAP)**, hereinafter referred to as " \_\_\_\_\_ " and the **(988 or local community provider)**, \_\_\_\_\_ hereinafter referred to as " \_\_\_\_\_ ".

1. Whereas, pursuant to State and Federal laws, including but not limited to FOIA & HIPPA the **(Insert state or local Codes)** shall, to the extent possible and reasonable, develop an **AGREEMENT** with support and/or assistance to callers that might be experiencing suicidal thoughts, who are at risk of suicide, or who are struggling with emotional distress, or who may be in need of mental health and/or substance use support services, and those who have attempted suicide and need immediate help.
2. Whereas, it is intended that this agreement will promote a joint collaboration between both entities to share authorized information in a responsible manner for the benefit of the citizens in accordance with local, state, and federal law. **(ECC/PSAP)** and **(988 or local community partner)** may agree to share authorized data including, text, pictures, audio, video, and other data to provide pertinent information for responders
3. This **AGREEMENT** may apply to the following circumstances and/or situations.
  - 3a. 9-1-1 Transfers to 988/local community partner de-escalation, meets criteria for transfers.
  - 3b. 988/local community partner to 9-1-1 meets criteria for imminent risk to self, active suicide attempt in progress, and/or criteria for homicidal intent
4. Any sharing of information by either or both parties pursuant to this **AGREEMENT** shall be agreed upon mutually.
5. This **AGREEMENT** shall become effective immediately upon its ratification by the appropriate agency representatives. Duly authenticated copies of the **AGREEMENT**, after

approval, are deposited with each of the parties.

6. This **AGREEMENT** shall continue in force and remain binding on each party until the appropriate party representatives take action to withdraw there from. Such action shall be effective until 90 days after notice of withdrawal to the other party to this **AGREEMENT**.

**IN WITNESS THEREOF**, the undersigned Parties by their appropriate representatives have duly executed this Mutual Aid **AGREEMENT** for the emergency services the day and year first written above.

**Signature:** \_\_\_\_\_  
**(ECC/PSAP)**

**Signature:** \_\_\_\_\_  
**(988 or local community partner)**

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**(AUTHORIZATION PARTY)**

\_\_\_\_\_  
**(AUTHORIZATION PARTY)**



### 7.3 Sample 9-1-1 ECC/PSAP Standard Operating Procedure

#### Operational Procedure: Crisis Caller

**Definition:** A crisis caller may be reporting a situation in which a person's actions or behaviors may lead to them hurting themselves or others, and/or putting them at risk of being unable to care for themselves or function in the community in a healthy manner. A person in crisis can be in an unstable situation with an uncertain outcome in which an individual's coping capacity is temporarily overwhelmed.

**Indications that the person may be a person in crisis include:**

#### Priority

##### **Level 1 (routine) 9-1-1 refer to 988 or local community partners**

Distressed caller appropriate for phone intervention with trained behavioral health professional with referrals for services within 72 hours

No homicidal thoughts, or behavior

Suicidal thoughts with no plan and/or means

##### **Level 2 (moderate) Refer to 988 or dispatch resources according to local policies**

Distressed caller with imminent need of in-person behavioral health support

Inappropriate or unexplained use of profanity directed towards others or the call taker.

No homicidal thoughts, intent, or behavioral

Suicidal thoughts with no plan or direct access to lethal weapons

Minor self-injurious behavior

##### **Level 3 (urgent) Refer to 988 or dispatch resources according to local policies**

Active aggression

Florid psychosis

Making statements that do not make sense to the call taker such as rambling words unrelated to the call taker's questions or conversation.

Acting hysterical or otherwise irrational for no apparent reason, often to the point where conversation is impossible.

Homicidal thoughts with no active behaviors or intent

Active cutting (self-injurious behavior) with concern for medical risk

Suicidal thoughts with plan and access to lethal weapons or gun

## **Level 4 (emergent) 9-1-1 dispatch law enforcement, EMS and/or fire without delay**

Escalation in previous low-level activities

Aggression escalating, directed towards others or the call taker

Direct, immediate threats to life

Active suicide attempt

Active assault on others with ability to cause significant harm

Suicidal comments escalating, related to plans and access to lethal weapons or gun present and accessible

## **Call Processing**

9-1-1 may utilize a decision tree (See Sample Decision Tree inserted) or protocols to provide call takers with decision making guidance, thereby meeting agency call processing procedures and/or protocol standards. This procedure or protocol instruction will provide guidance for the call taker to make an accurate problem nature code selection and use the direction for an appropriate response.

## **Problem Nature Code**

Problem Nature MHC (Mental Health Crisis)

If more specific information is known, use a more specific problem nature, always use the higher priority problem nature.

## **Call Dispatching**

(ECC/PSAP) may transfer to 988 and/or local community partner(s) depending on time of day/hour of day

(ECC/PSAP) may dispatch 'as available' to mobile crisis unit over the radio

(ECC/PSAP) may dispatch pre-determined alternative resource 'if mobile crisis unit not available'

(ECC/PSAP) may dispatch 'as available' a joint response between law and/or fire along with a mobile crisis unit

ECCs/PSAPs that dispatch mobile crisis units and/or law, fire, EMS, should establish agency protocol, consistent with other check-in protocols, that set up consistent and timed safety checks until the unit(s) clear the call for service.

## **Call Tracking**

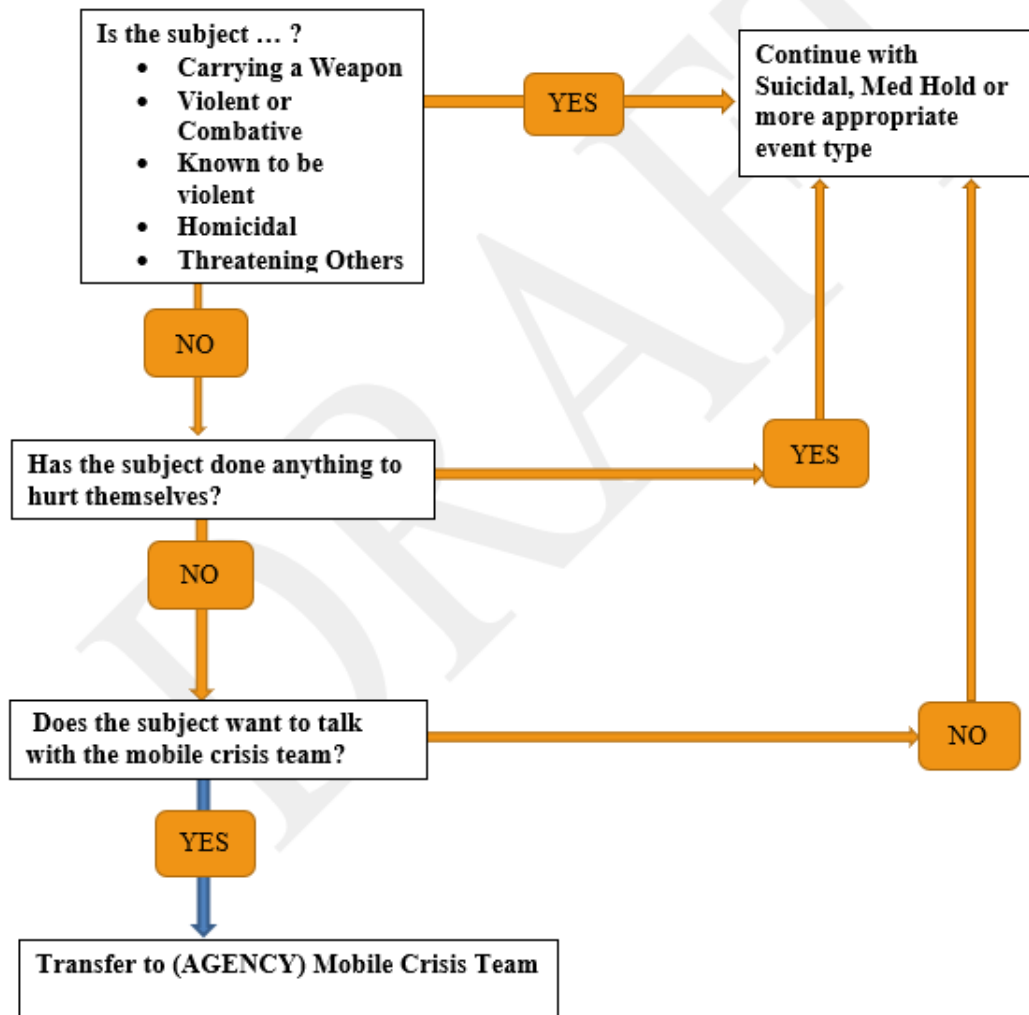
Calls for service should be created using the crisis problem nature code(s) for incident tracking and data analytic purposes. Some calls transferred to 988 Crisis Center and/or a local community partner without a law, fire or EMS response might be canceled/cleared out, which will “log” the call and end check-in protocols. If an event or incident escalates and is subsequently transferred back from 988 Crisis Center, the previous call may be included for history and reference.

## References

MN Statute Section 1. Minnesota Statutes 2020, section 403.03, subdivision 1

### 7.4 Sample Decision Tree for ECC/PSAP Operations

Follow established call taking protocol prior to using the decision tree. (where, what, caller’s phone number and caller’s name)



## **8 Appendix B**

### **Collaborative Tabletop Scenarios/Use Cases**

The following scenarios may be used as described in Section 3.5.1. They provide a starting point for knowledge-sharing, or as an interactive and collaborative tabletop exercise; the goal is to develop mutual understanding and awareness of the other community's knowledge, abilities, and processes. Indeed, solutions vary widely from state to state and locality to locality, dependent upon unique organizational, political, and statutory frameworks. These scenarios will help 9-1-1 and 988 communities develop interagency actions by identifying knowledge, training, and/or policy gaps.

When engaging in collaborative exercises, the stakeholders may consider the following topics as they relate to each scenario.

- Protocol or Policies in place
- Retain/transfer process
- What resources are needed—who notifies, sends, and maintains communication?
- Risks, barriers, deviations, other considerations

#### **8.1 Special Needs communities**

- A caller with a hearing or speech disability calls/texts 988, the call progresses to exigent circumstances
- A caller with a hearing or speech disability calls/texts 9-1-1, they want to talk to a counselor about a family member who is suffering from acute mental illness, they don't want public safety responders involved.
- 988 incoming text or chat from deaf caller – How will call be connected, or the information be communicated, to 911?

#### **8.2 Who calls back?**

- Caller advises they have taken 3000mg of an antidepressant, while on the phone with 988 Crisis Counselor the caller's breathing status and alert-level decline, then they hang up. The caller refuses to provide a location to the crisis counselor prior to disconnection.

#### **8.3 Competing emergency needs**

- A teenager is having a mental health crisis and is on the phone with a 988 crisis counselor. There are two younger kids in the house that cannot be left alone and may be negatively impacted by the teenager's behavior.
- A 988 caller with mental illness is behaving erratically and putting bystanders at risk.



- A 9-1-1 caller is involved in a past domestic situation, their main concern is depression, but their safety MAY be at risk.

#### **8.4 Who is the primary agency for the scenario?**

- 988 receives a call for a suicidal caller, while on the phone the scene becomes a domestic. The crisis counselor doesn't hear physical violence but hears verbal discord and threats.
- Caller to 988 is threatening suicide with a handgun. Called 988 a week prior with the same threat, was able to put the gun in a safe and have someone take them to the emergency room where they were placed on a 72-hour hold and then released. 988 crisis center is unable to de-escalate the call and compel the caller to put the gun away safely. Determines the call needs to be transferred to 9-1-1 and/or the supervisor calls 9-1-1 while the 988 call taker stays on the line with the caller.
- A teenager calls 9-1-1 from their car while driving home. They are threatening suicide. No other 9-1-1 calls have come in around this driver as they have not displayed any erratic behavior or tried to cause an accident.
- Call from individual who is experiencing depression but is not suicidal or having an acute medical emergency. The caller only wants help/intervention, but does not need medical treatment, is not a threat to herself or anyone else.
- 988 metropolitan center receives a call from a rural area, hours away – locating ECC/PSAP connecting to local rural resources for assistance (transfer back to rural may not be possible within the 988 resource network).

## **9 APPENDIX C**

### **Recommendations for 988 Crisis Centers**

#### **9.1 Recommended SOP Checklist for 988 Crisis Centers**

When 988 Crisis Centers create SOPs regarding interactions with 9-1-1, they should consider the following:

- Training on SOPs that follow the Lifeline's Suicide Safety Policy (least invasive intervention etc.) to determine if ECC/PSAP assistance is needed or if another connection will serve the situation more safely
- General procedures for when to make warm transfers to 9-1-1 from 988 (see 4d)
  - Process for transferring callers using a language translation service to 9-1-1
  - Procedures addressing chat and texts that cannot be transferred (with today's technology constraints)
  - Process for handling calls that are disconnected during transfer to 9-1-1

- Procedures for receiving and handling any warm transfers of mental health calls from 9-1-1 ECC/PSAP
- Procedures for handling a busy signal/wait time when contacting 9-1-1
- Training, instructions, and tools for locating closest ECC/PSAP to caller/chatter/texter
  - Outline of escalation or decision-making process when caller/chatter/texter location is unclear
  - Information outlining what first responder/emergency communication resources are available, for example tribal nation dispatch centers or other non-ECC/PSAP communications entity
- Procedures for communicating with ECCs/PSAPs
  - Minimum information local ECCs/PSAPs need from 988
  - Procedures for determining caller/chatter/texter's city, state
  - Requesting disposition information
  - Information to collect from ECC/PSAP and document in call report
- Procedures for updating ECC/PSAP with new information on current incident
- Procedures for other Emergencies requiring ECC/PSAP assistance
- Escalation and grievance procedures
  - Debriefing meeting procedures, if required

## **9.2 988 Crisis Center Policy and Procedure recommendations:**

988 Lifeline crisis centers will follow all policies and guidance provided by the network administrator and each center will refer to their Network Agreement and the Lifeline's Network Resource Center for requirements. For the purposes of this document, any reader should know that all 988 crisis centers are REQUIRED to form formal relationships (MOUs) with their closest ECC/PSAP (at a minimum). Additionally, all 988 crisis centers are provided direction on how to address the following topics and will use this direction when creating their local SOPs, policies, and/or procedures for interacting with 9-1-1.

- Suicide/Harm Emergencies
  - Policies and training that follow the Lifeline's Suicide Safety Policy (least invasive intervention, etc.) to determine if ECC/PSAP assistance is needed or if another connection will serve the situation more safely.
  - If ECC/PSAP assistance is needed:

- Procedures for determining caller/chatter/texter's city, state
- Instructions and tools for locating closest ECC/PSAP to caller/chatter/texter.
  - Outline of decision-making process when caller/chatter/texter location is unclear
  - Information outlining what first responder/emergency communication resources are available, for example tribal nation dispatch centers or other non-ECC/PSAP communications entity.
- Procedures for communicating with ECCs/PSAPs
  - Minimum information local ECCs/PSAPs need from 988
  - Requesting disposition information
  - Information to collect from ECC/PSAP and document in call report
  - Procedures for updating ECC/PSAP with new information.
- Protocols for handling third party contacts where there is imminent risk/attempt in progress
  - 988 will share with 9-1-1 how the information about the person in crisis was gathered (ex: from a friend rather than speaking directly to the person in crisis)
- Other Emergencies requiring ECC/PSAP assistance
- General procedures for when to make warm transfers to 9-1-1 ECC/PSAP from 988 (see section 4 above)
  - Process for transferring callers using a language translation service to 9-1-1
  - Procedures addressing chat and texts that cannot be transferred (with today's technology constraints)
  - Process for handling calls that are disconnected during transfer to 9-1-1
- Procedures for receiving and handling any warm transfers of Mental Health calls from 9-1-1
- Procedures for handling a busy signal/wait time when contacting 9-1-1

### **9.3 988 Crisis Center Staff Training recommendations**

All new staff should be trained on the following recommendations, and all existing staff should receive continuing training on 9-1-1 practices, policy, and procedure. ECC/PSAP

telecommunicators training recommendations include:

- Introduction and orientation to local/regional/states ECCs/PSAPs including their state guidelines, and regional roles and responsibilities.
- Identification of ECCs/PSAPs that handle specific public safety needs, such as State Patrol, Sheriff, Police, EMS, or other, and their relationship with Law Enforcement Agencies, Emergency Medical Services, Fire Departments, and any other relevant parties within their region.
- Overview of typical ECC/PSAP chain of command and organizational charts; what roles are typically available in various ECCs/PSAPs for escalation, support, and feedback.
- ECCs/PSAPs role in preventing imminent danger and response to imminent risk scenarios.
- Overview of typical protocols, SOPs, and restrictions that ECCs/PSAPs will use to dispatch resources when a 988 crisis center contacts an ECC/PSAP for assistance.
- Explanations of state and/or ECC/PSAP SOPs and policies regarding transfers to/from 988 to/from ECCs/PSAPs, 988 contacting ECCs/PSAPs and documentation requirements.
- Explanations of process, approvals, and the ECC/PSAP's use of telecom companies to achieve location; this should include but not be limited to technologies and resources ECCs/PSAPs may use regionally to identify a person's location.
- Overview of location (ANI/ALI), what ECC/PSAP generally has access to regarding location; Next Gen orientation, and various network capabilities, as it pertains to the state's access to location identification.
- Training on the MOU that is associated with a particular region and guiding rules of engagement such as HIPAA's Privacy Rule, imminent danger, and sharing with ECCs/PSAPs.
- Descriptions of various scenarios warranting transfer of a 988 caller to an ECC/PSAP or contacting an ECC/PSAP for police, medical, or fire services; including explanation of call for service or incident creation.
- Explanation of details desired by ECCs/PSAPs, if available, to be shared between the 988 crisis counselor and ECC/PSAP telecommunicator.
- Details that are typically desired: Reporting party/988 caller, call back number, location of party that needs services, scenario description, suicide method involved, weapons involved, other people present.
- Training on when and how to access the state's ECC/PSAP direct phone numbers.
- Training on what best practice for communication between a 9-1-1 ECC/PSAP and 988 Crisis Center should look like.
- Training should include opportunities for staff from both centers to shadow and or tour each other's centers.
- All new staff should be trained on the above recommendations.
- All existing staff should receive continued training on 9-1-1 practices, policy, and

procedures.

## 10 Appendix D

### 10.1 211 Community Services Acknowledgement

The dialing code 211 is utilized nationwide for access to community services that often include references to mental health resources. It is suggested that future work include efforts to utilize 211 resources as an integral part of the mental health resources related to 988 including the potential for real-time links in assistance to 988 callers.

### ACKNOWLEDGEMENTS

The National Emergency Number Association (NENA) PSAP Logistics Committee, 9-1-1/988 Interactions Working Group developed this document.

NENA recognizes the following industry experts and their employers for their contributions to the development of this document.

Members	Employer
Amy McDowell, ENP PSAP Logistics Committee Co-Chair	Greenville County, SC
Diane Harris, ENP, PSAP Logistics Committee Co-Chair	Zetron
Jenna Streeter, MPA ENP, Working Group Co-Chair	Madison County Fire Department Communications
Maureen Dieckmann, Working Group Co-Chair	Moetivations, Inc.
Adam Brown	Alabama 9-1-1 Board
Alexandra Martinez	Alachua County FL
Alysa Morgan	Henrico County, VA
Amin Shariff	Rocky Mountain Crisis Partners
April Corbin	Harrisonburg-Rockingham Emergency Communications Center, (HRECC) VA
Ariana Kitty ENP	Northwest Central Dispatch System (NWCDs)
Barbara Neal	Vermont Enhanced 911 Board
Bob Oenning, ENP	Consultant-Bob Oenning
Bonnie Maney	Mission Critical Partners, LLC
Brenda Bruner ENP RPL CMCP	Alameda County, CA
Brian Campbell	Lumen
Brian Jensen	San Diego Fire Rescue, CA

Brian Rosen	Brian Rosen Technologies LLC
Brittney Burross	North Central Texas Emergency Communications District (NCT9-1-1) TX
Brodie Hinckley	State of Maine
Carmen Martin	CenCom E9-1-1 Public Safety Communications Center, IL
Caroline Crehan Neumann	State of Wisconsin
Cathy Raley	Arapahoe County, CO
Cherie Bartram-ENP	Consultant-Cherie Bartram, ENP
Christian Militeau, ENP	Bandwidth
Chuck Townsend-ENP	Tyto Athene, LLC
Cindy Sparrow	Cindy Sparrow International
Clint Soldan	Madison County IL
Corinne Swiatek ENP, RPL	Consolidated Emergency Response Center of Cook County (CERCCC)
Danielle Baker	Federal Bureau of Investigation (FBI)
Darren Judd	Priority Dispatch Corporation
Darryl Maggard	INCOG Regional 9-1-1 Board
Dave Dalton, MA LPC NCC	Vibrant Emotional Health
Derek Yacoub	Individual-Derek Yacoub
Destanie Ontiveros	North Central Texas Emergency Communications District (NCT9-1-1) TX
Elizabeth Borukhovich	Crisis Text Line
Emily Piette	Vibrant Emotional Health
Eric Chaney	U.S. Department of Transportation
Erin Zamora	San Bernardino County Dept of Behavioral Health, CA
Fae Black	Synergem Technologies Inc.
Harriet Rennie-Brown	National Association of State 911 Administrators (NASNA)
Heather Butler, ENP	DeKalb County IL
Heidi Feldman	Northeastern University
Holly Abrams	Lake County IN
Ian Senne	RedSky Technologies - An Everbridge Company
Jackie Mines	Mission Critical Partners, LLC
James Kinney	INdigital
James Murtagh	City of Calgary AB CA

Jason Friesen	Trek Medics International
Jeff Torres	Verizon Wireless
Jennifer Piver	Mental Health America of Greenville County, SC
Jennifer Schwendimann	Tennessee Emergency Communications Board
Jim Jones	PowerPhone, Inc.
Jody DeMilia	Vibrant Emotional Health
John Cummings, ENP	Charter Communications
John Stewart	Charlotte County FL
Joni Harvey	Michigan State Police
Jorge Passalacqua	Department of Children and Families
Judith Weshinskey-Price ENP, RPL	Pinellas County FL
Justin Berling	Weld County CO
Kari Morrissey	Anoka County MN
Kasey White	City of Danville, VA
Kasey Young, ENP	Alameda County, CA FIRE DEPT
Kelly Bowman	State of Colorado
Kelly Clarke	Vibrant Emotional Health
Kirk Burroughs	Apple Inc.
Kristen Anderson, ENP	Fort Irwin Fire Department, CA
Lance Langdon, ENP	Ionia County, MI
Lee Ann Magoski, ENP	Monterey County CA
Lori Gallegos	Northern Arizona University
Mark Fletcher, ENP	911inform, LLC
Mary Boyd	Intrado - Life & Safety
Mary McIlvain	Southwest Central Dispatch
Merle Luster, ENP	Ark-Tex Council of Governments
Michael Smith	Equature/DSS Corp.
Nicholas Barker, ENP	City of New York NY, FDNY
Nikiah (Nick) Nudell	The Paramedic Foundation (TPF)
Patrice Coleman (Herring) - ENP	Nashville Department of Emergency Communications TN
Pete Eggimann, ENP	Eggimann Technology Services, LLC
Rebekah Craft	Roanoke County VA
Richard McKeon	Substance Abuse and Mental Health Services Administration (SAMHSA)
Rob McMullen ENP CMCP	Knox County IN



Robert Murphy, ENP	DATAMARK
Robin Johnstone, ENP	Niagara Regional Police Service ON
Sandi Stroud	State of Minnesota
Sara Boucher-Jackson	MSP Airport ECC
Shinar Haynes	Consultant-Shinar Haynes
Shye Louis	Vibrant Emotional Health
Sonny Saxton	Charlottesville-UVA-Albemarle County ECC, VA
Stacey Frohnafel-Hasson	State of Ohio
Stacy Miller, ENP	Hexagon
Stephen O'Conor-ENP	Next Generation 9-1-1 Consulting Services. LLC
Stephen Weinkauff	State of New Mexico
Steve Howser	Nokia
Steve McMurrer, ENP	Fairfax County VA
Todd Miller	Rave Mobile Safety
Tony Dunsworth	City of Alexandria, VA
Tracy Ward	Federal Engineering, Inc.
Travis LePage, ENP	Federal Engineering, Inc.
Trisha Klink Ames	San Ramon Valley 911 Communications Center, CA
Victor Burton	Comtech
Victoria Caylor	Whitfield County, GA
Wendy Alt	Calaveras County Behavioral Health, CA
Melissa Butler	State of Wisconsin
Jason Connerley	US Marine Corps
Barbara Garvin	Virginia Beach Emergency Communications and Citizen Services, VA
Janelle Herek	NGA911, LLC
Merle Luster	Ark-Tex Council of Governments
Roger Marshall	Comtech



**Special Acknowledgements:**

Delaine Arnold, ENP (dec.), and Sandy Dyre, ENP, Committee Resource Managers, have facilitated the production of this document through the prescribed approval process.

The 9-1-1/988 Interactions Working Group is part of the NENA Development Group that is led by:

- Wendi Rooney, ENP, and Lisa Dodson, ENP, Development Steering Council Co-Chairs
- Brandon Abley, ENP, Chief Technology Officer
- April Heinze, ENP, VP, Chief of 9-1-1 Operations