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Crisis Systems Response TTAC

The Substance Abuse and Mental Health Services Administration (SAMHSA) has selected Altarum to provide training and technical assistance support to states, territories, tribal organizations, and community partners across the 988 Suicide and Crisis Lifeline and crisis continuum of care. Along with our partners, W2 Consulting Corporation and Change Matrix, LLC, who have extensive experience with crisis services, technical assistance, and health equity, the Crisis Systems Response Training and Technical Assistance Center (TTAC) was formed to support the continued growth of 988 Lifeline and build a more robust crisis care system.
Learning Objectives

• Utilize promising practices to engage with collaborative 988 and 911 partners:
  • Local Public Safety Answering Points (PSAPs)
  • Mental Health Providers
  • State Mental Health and Substance Abuse Authorities
  • Emergency Responders

• Conceptualize challenges and identify solutions around the implementation of 988 and 911 collaborative efforts.

• Identify resources available for establishing collaborative partnerships.
SAMHSA’s 988 and Behavioral Health Crisis Coordinating Office

- As the Chief of Crisis and Justice Initiatives with SAMHSA’s 988 and Behavioral Health Crisis Coordinating Office, Tiffany serves as an advisor to the 988 director and other members of SAMHSA’s senior leadership in planning and determining policy, programs, and activities that address complex challenges in coordination of 988 crisis centers with law enforcement, 911 call centers, and emergency medical service providers. She also develops, recommends, and implements programs and provisions of guidance related to improving crisis response and equitable access to services for individuals with behavioral health needs that minimize unnecessary law enforcement involvement and promotes diversion from the justice system.

- Before joining SAMHSA, Tiffany directed the Mental Health and Justice Project which focused on improving behavioral health crisis responses in state and local governments for Pew Charitable Trusts. Prior to Pew, she served as the Director of Strategic Planning and Research Development in the District Court Administration for the Superior Court of Fulton County, Georgia, where she was responsible for building the court’s capacity by developing policies, programs, and processes to enhance the administration of justice and increase access to justice for all. Tiffany also held several positions in grant management, research, strategic planning, public relations, and communications in nonprofit, government, and education organizations.

- Tiffany also holds a bachelor’s degree in organizational leadership and a Master of Business Administration in Innovation from Mercer University.
April Heinze is the Director of 9-1-1 Operations for NENA: The 9-1-1 Association. She supports the NENA development group with operational standards and best practices. She educates, advises, and advocates for 9-1-1 and PSAP operational issues on behalf of NENA with various industry associations and governmental organizations. Before joining NENA, April spent 24 years in a PSAP in Michigan. She began as a Public Safety Telecommunicator and worked her way up to Director. She was recruited by an NG9-1-1 provider and spent nearly three years as a PSAP liaison and industry advocate before joining NENA.
Budge Currier currently serves as the Assistant Director of Public Safety Communications for the California Governor’s Office of Emergency Services. He serves as the 9-1-1 State Coordinator, responsible for managing the statewide 9-1-1 system to over 450 Public Safety Answering Points with an annual call volume of over 27 million 9-1-1 calls. Successfully deploying NG 9-1-1 and Text-to-9-1-1 with a focus on integrating emerging technologies into public safety.
Karen Everett is a Departmental Specialist in the Crisis and Stabilization Services Section at the Michigan Department of Health and Human Services. Karen oversees the contracted operations of the Michigan Crisis and Access Line, which serves as Michigan’s statewide 988 center. She has significant experience in policy and legislation in the health and human services field from her previous work in the department’s Legislative Affairs Division and in the Michigan Legislature. Karen has a Bachelor of Applied Arts from Central Michigan University and resides in East Lansing, MI.
Amanda Girard is currently the 988/911 Coordination Specialist for the Michigan Crisis and Access Line at Common Ground where she is working to bridge the communication between 988 and the 911 PSAPS in Michigan. Prior to her work at Common Ground, she dedicated over 18 years at a Central Dispatch Center in Mid-Michigan. As a certified dispatcher for 13 years, Amanda also served the PSAP as a Communications Training Officer, Telecommunicator Emergency Response Taskforce (TERT) member, and an APCO/NENA member before being promoted to Dispatch Supervisor for the remainder of her career in the PSAP. As a Dispatch Supervisor, Amanda not only continued the work of a dispatcher and supervising daily operations in the center, but also was a lead for Special Events Team and coordination with public safety agencies in preparation for large events, an APCO trainer for Basic 40, and assisted with implementation of many new systems in the PSAP.
Julie Maas serves as the Suicide Prevention Director for the Iowa Department of Health and Human Services, Division of Behavioral Health. Julie has worked at Iowa HHS for 8 years and has 20 years of experience in the mental health field. She serves as the 988 Project Director and provides oversight to Iowa’s 988 Centers, leadership for integrating 988 into Iowa’s crisis system, and co-leads with Iowa’s 911 Program Manager the implementation of transfers from 911 to 988 in Iowa.
Building a Foundation of Trust

• 911 is a **local entity** and is under local control.
• There are approximately 5748 PSAPs across the country. **Every PSAP functions differently.**
• There are a lot of similarities, but **no two are exactly alike.**
• There is **no federal control** over 911, nor public safety in general.
• In general, there is **very little, if any state control** over 911, nor public safety.
• That means that **STANDARDS** are the only way to set a baseline for operations and technical requirements.
Creating a Coalition of Stakeholders

• In 2020, during the initial 988 State Planning Grants, Vibrant required state grantees to create a 988 Implementation Plan. One of the requirements of that plan was to build a “coalition of key stakeholders” that are essential to 988.

• **Those stakeholders included:**
  • Individuals with lived experience
  • Representatives from one or more Lifeline Crisis Centers receiving funding through the grant
  • State suicide prevention coordinators
  • County or regional mobile crisis service providers
  • Providers of crisis respite/stabilization services
  • **Law enforcement leaders**
  • 911/PSAP leaders
  • Peer support providers
  • Major state/local mental health and suicide prevention advocacy groups (e.g. MHA, NAMI, AFSP, etc.)
From Coalition to Workgroup

• The states that have created the strongest partnerships between 988 and 911, created a **workgroup** from the **coalition** that initially focused on these two grant components:
  
  • 988 Center **relationships** with area 911 PSAPs and related law enforcement response
  
  • The **potential** for reciprocal warm **transfer** (and/or diversion) **capabilities** and relationships with 911 PSAPs
How to Start the 988 / 911 Conversation

Working with your State's Mental Health and Human Services Agency, create a working group that focuses on the issues of relationship building and the potential for warm transfers.

• The first potential 911 partner within the state should be the person responsible for 911 at the state level. Every state has one!
• National Association of State 911 Administrators (NASNA) is a great resource to identify that individual.
  ➢ nasna911.org/contact-911
• Other organizations that can assist include the state's NENA and APCO chapters.
  ➢ nena.org/chapters
  ➢ apcointl.org/community/chapters
NENA is working on publishing the 988 / 911 Interactions Standard.

- The standard has participants from the 911 Community, Vibrant, SAMHSA, multiple behavioral health organizations, FBI, USDOT, DoD, EMD Protocol Providers, and countless 9-1-1 technology organizations.
The Standard Will Include:

- Roles and Expectations of 988 and 911
- Legislation
- Funding
- Guidelines for referral, transfer, and sharing of information
The Standard Will Include:

- Operational Analytics
- Operational Training Considerations
- Technical explanations of 988 for 911 technical experts
- Technical explanation of 911 for 988 technical experts
- 911 staff training
- Wellness education for 911 and 988 staff
The Standard Will Include:

**Appendix A**
- Memorandum of Understanding (MOU)
- Agreement for information sharing
- 911 ECC/PSAP Standard Operating Procedure (SOP)
- Decision Tree for ECC/PSAP Operations

**Appendix B**
- Special Needs Communities

**Appendix C**
- SOP Checklist
- Policy and Procedure
- Staff Training

**Appendix D**
- 211 Community Services Announcement
Currently:

• Public Review
• Standard published by 4th quarter 2023

v2 is on the horizon
• Work on the v2 will start immediately upon publication of v1…your input is valuable, please consider volunteering!
Closing – Recommendations

• **Carefully** choose your stakeholders with input from trusted source
• **Plan early** in order to set the agenda and deal with the rural and culture change issues - time and energy consuming
• **Identify gaps** in and needs for services, data, liability issues, and financing sustainability – if possible, recreate vs. starting from zero
• **Assess existing gaps** and identify necessary services, data requirements, liability considerations, and financing needs
• **Learn about data and transferring capabilities** from the NEMSIS, NENA 911 standards, CAD Systems before committing to a new data system
• **Examine all 988/911 interoperability models** to find the best options for you/stakeholders
• With input from all stakeholders and representatives of the at-risk/marginalized populations, **develop a marketing plan** that includes feedback about clarity and effectiveness
• **Establish a process for developing procedures and protocols** for 988/911 that are effective for individuals, workable for stakeholders, and that can stand up to legal challenges
988 and 911 Coordination Considerations

December 14, 2023
California’s Model – A Work in Progress

• 911 Advisory Board – Cal OES
  • Long Range Planning Committee
  • County Coordinators
  • Regional Planning Groups
  • Interaction between state and 450 PSAPs

• 988 Technical Advisory Board – Cal OES

• 988/Crisis Policy Advisory Board – Cal HHS
Goal of Coordination Between 988 and 911

- Understand and appreciate unique differences between 911 and 988
- Understand state, local, and federal requirements and guidelines
- Value of “Ride – a – longs”
- Appreciate that this is an evolving process
- Focus on how coordination will improve quality of care
Sample 988 Technical Advisory Board

Members of the Board

- Chair - PSC Assistant Director, Governor’s Office of Emergency Services (Non-voting)
- California Health and Human Services - Representative
- County Behavioral Health - Representative
- Local Emergency Medical Services Authority - Representative
- Rural Community 9-8-8 Crisis Services - Representative
- Large Community 9-8-8 Crisis Services - Representative
- County Managed 9-8-8 Crisis Services - Representative
- Mobile Crisis Care Services - Representative
- California National Emergency Number Association (CALNENA) - Representative
- Northern California Association of Public Communications Officials (NAPCO) / California Public - Safety Radio Association (CPRA) - Representative
- 9-1-1 Fire Agency Public Safety Answering Point Supervisor - Representative
- 9-1-1 Police Department Public Safety Answering Point Supervisor - Representative
- 9-1-1 Sheriff Public Safety Answering Point Supervisor - Representative
- California Commission on Peace Officer Standards and Training - Representative
988 Technical Advisory Board and Working Groups

• Representatives from CHHS, 9-8-8 centers, 9-1-1, and behavioral health crisis service advise Cal OES on the following:
  • Feasibility and planning for sustainable interoperability between 9-8-8, 9-1-1, and behavioral health crisis services
  • Technical and operational standards for the 9-8-8 system that allow for coordination with California’s 9-1-1 system
  • Standards and protocols for 9-8-8 center call transfers to 9-1-1, and vice-versa

• Three Working Groups
  • Best Practices Working Group Report
  • 9-8-8 and 9-1-1 Interface Working Group Report
  • Accessibility and Equal Access Working Group Report
988/Crisis Policy Advisory Group Members

- Department of Health Care Services
- The Office of Emergency Services
- State Department of Public Health
- Representatives of counties
- Representatives of employees working for county behavioral health agencies and agencies who subcontract with county BH agencies who provide these services
- 988 Centers
- Health plans
- Emergency medical services
- Law enforcement
- Consumers, families, and peers
- Other local and statewide public agencies.
At minimum, members selected:

1. Provide professional expertise and/or community perspectives important to the crisis system.
2. Bring a collaborative mindset to the planning, and an ability to listen to, consider other perspectives, and find consensus where possible.
3. Represent diversity in race, ethnicity, gender/sexuality, disability status, geographic representation (urban and rural), and representation from historically disenfranchised and underserved communities.
4. Representation from persons with lived experience (Note: potential members may hold multiple identities at once. For example, some members may bring professional expertise also may have personal experience with the crisis system).
988 Crisis Policy Advisory Group Makes Recommendations On:

- Align operational and clinical standards and training to SAMHSA requirements and best practice guidelines
- Maintenance of participation in national network
- Compliance with state technology requirements or guidelines
- State governance structure
- 988 Infrastructure, staffing and training standards for 24/7/365 call, text, and chat
- Access to crisis stabilization services and triage and response to warm handoffs from 911 and 988
- Resources and policies to meeting population needs
- Coordination between 988 and the continuum of the behavioral health crisis services
- Goals for provision of services
- Process for establishing outcome measures, benchmarks and improvement targets
- Comprehensive assessment of system and findings on state metrics
- Procedures for deterring the annual operating budget
- Strategies to support the behavioral health crisis service system is adequately funded
Legislatively Required Recommendations for 5-Year Implementation Plan

HMA Facilitated Project Management and Support

Alignment and Oversight + Final Recommendations

988/Crisis Policy Advisory Group (No more than 40 members)

services access and system capacity

cross sector/system collaboration
techology and infrastructure

funding and sustainability

workforce standards

strategic communications

Stakeholder Outreach and In-Reach to Feed Workgroups

Interviews

Surveys

Focus Groups

Research/Data

Statewide Collaboration
For Additional Information:

chhs.ca.gov/988california

caloes.ca.gov/988
988/911 Coordination in Michigan

Michigan Department of Health and Human Services
Common Ground
Michigan has four 988 call centers — three regional and one statewide, servicing 83 counties

- **Network 180**: Kent County
- **Macomb County CMHSP**: Macomb County
- **Gryphon Place**: Calhoun, Cass, Kalamazoo, Saint Joseph, Van Buren
- Michigan Crisis and Access Line covers the other 76 counties and serves as the backup center to the regional centers
Michigan Crisis and Access Line

• Developed out of the House Cares Task Force and Michigan Psychiatric Inpatient Discussion and formalized into state statute in January 2020

• Original intent was to serve as a one-stop-shop for behavioral health resources. MiCAL now serves as the statewide 988 center.

• MiCAL is staffed by Common Ground, which has over 50 years of experience operating a crisis line. Call specialists are hired from all over the state of Michigan.

• MiCAL also houses the Front Line Strong Together line, Michigan Peer Warmline, and covers CMHSP after hours calls in Michigan's Upper Peninsula.
Behavioral Health CRM

- Cloud-based Salesforce platform, NICE inContact phone system
- Multi-use platform that hosts other State processes in addition to 988.
- Fully integrated resources:
  - Michigan 211
  - Crisis Services from Community Mental Health Service Programs
- MiCAL activates, does not dispatch
• Consists of Michigan 988 centers, 988/911 Coordination Specialist, State 911 Administrator, several Michigan PSAPs.

• **Workgroup goal:** establish best practice recommendations for 911 and 988 coordination at a local level.

• **Progress:** Michigan 988 Center Protocols, Shareable informational documents, established open lines of communication.

• **Discussion points:** Gaps in information sharing between 911 and 988, drafting best practice language on diverting 911 calls to 988.
988/911 Coordination Specialist

- Coordinating with Directors of Michigan PSAPs
  - Information Sharing
  - Education
  - MOUs and best practices

- Coordinating with MiCAL 988 Center staff
  - Education
  - CRM

- Review of Emergency Interventions
  - Least Invasive Options Used?
  - PSAP interaction went smoothly?
  - Is there a need to follow-up with PSAP?
  - Identify any trends that point to a need for further training
Coordination Successes

- Trust being built as PSAPs better understand our process.
- PSAPs transferring calls to support callers while emergency services on the way.
- New policies within the PSAPs that show collaboration with 988 and better serve the community.
Coordination Challenges

- Making contact.
- Building trust is slow.
- Concerns about liability.
- Many PSAPs standing by and waiting for someone else to be the first to transfer.
Building Trust

- Shared Goal
- Understanding the Processes
- Open Communication
Thank You!

Karen Everett  
Departmental Specialist  
Crisis and Stabilization Services Section  
Michigan Department of Health and Human Services  
EverettK2@michigan.gov

Amanda Girard  
988/911 Coordination Specialist  
Michigan Crisis and Access Line  
Common Ground  
AGirard@commongroundhelps.org
988 & 911 Coordination in Iowa

Julie Maas, LMSW, Iowa’s 988 Project Director
December 14, 2023
988 and 911 Systems in Iowa

**988**

- **Oversight:** Iowa Department of Health and Human Services
- **988 Centers:** Two in the state that provide 24/7 call, chat, and text
  - One 988 Center is the primary call center for the entire state and one is backup
  - One 988 Center answers the majority of chats and texts routed to Iowa
- **Contacts:** nearly 42,000 contacts from Iowans
  - 36,753 were routed to Iowa’s 988 Centers
  - 88% answer rate for calls
- **Funding:** SAMHSA 988 Cooperative Agreements and one-time Covid Supplement and ARPA funding distributed through Community Services Mental Health Block Grant

**911**

- **Oversight:** Iowa Department of Homeland Security and Emergency Management
- **Public Safety Answering Points (PSAPs):** 110 in the state that operate independently of each other but technically connected to one another
  - 107 local PSAPs
  - 3 operated by the Iowa Department of Public Safety
- **Contacts:** nearly 1.4 million calls and texts were received by Iowa PSAPs in 2022
- **Funding:** partially funded through a monthly $1.00 surcharge on all telephone numbers in the state
988 & 911 Collaboration Projects

- 911 Transfer to 988 Pilot Project
- 988 Warm Handoffs to Mobile Response
- TTI Grant: Iowa Project to Improve interoperability between 911 and 988
- Additional Collaboration activities between law enforcement and behavioral health:
  - Iowa’s Sherriff and Deputy Sherriff Association has representation on mental health workgroups led by the Iowa Department of Health and Human Services
  - Iowa City Police Department and Iowa State University Police Department have 988 on police cars
  - Growing number of embedded mental health professionals within police departments
911 Transfer to 988 Pilot Project

• Purpose: Develop three pilot sites to initiate direct transfers from 911 to Iowa 988 Centers for individuals who would benefit from behavioral health crisis interventions.

• Overview:
  • Planning Group:
    • Co-led by 988 Project Director and 911 Program Manager
    • 988 Centers
    • Leadership from all 3 PSAPs
  • Pilot Site Selection:
    • PSAPs already interested in partnering with 988
    • Counties with law enforcement involved with previous mental health initiatives
    • Counties with an existing relationship with 988 Centers
911 Transfers to 988 Pilot Project

• Pilot Project Activities:
  • 988 Centers developed criteria for transferring from 911 to 988
  • 988 Centers developed training for PSAP staff
  • Technology set up and testing
  • Develop and distribute survey to PSAPs about interest in collaborating with 988 and connection to local mental health services

• Discussion Points:
  • 24/7 transfers vs. transferring during day/peak times
  • 988 Center staffing
  • Transfer criteria
  • Technology capabilities – single phone line dedicated to PSAPs that goes to both 988 Centers

• Expansion: starting with PSAPs that expressed the most interest in participating and had a higher volume of calls anticipated to transfer
### 911 Transfer to 988 Flow

#### Caller Concerns Appropriate for 988 Transfers

<table>
<thead>
<tr>
<th>Concern</th>
<th>Category</th>
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<tbody>
<tr>
<td>Suicide Ideation without action</td>
<td>Mental health</td>
</tr>
<tr>
<td></td>
<td>Family mediation</td>
</tr>
<tr>
<td></td>
<td>Youth behavioral health</td>
</tr>
</tbody>
</table>

#### 988 Exclusionary Criteria Not Present

<table>
<thead>
<tr>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical attention is needed</td>
</tr>
<tr>
<td>Threatening other’s safety/property</td>
</tr>
<tr>
<td>On a structure or bridge</td>
</tr>
<tr>
<td>Welfare check request</td>
</tr>
<tr>
<td>Unable to give consent</td>
</tr>
</tbody>
</table>

#### Offer 988 to caller and if consent is provided transfer occurs
988 Warm Transfers to Mobile Response

- **Goal**: directly connect individuals contacting 988 with their local mobile response provider

- **Implementation Overview**:
  - Meetings with 988 Centers and mobile response teams
    - Group 1: teams dispatches from a 988 Center
    - Group 2: team dispatches through 911
    - Groups 3: teams dispatch themselves
  - Gather current dispatching information for all teams
  - Develop operational guidance for 988 warm handoffs to mobile response
Mobile Crisis Response in Iowa

• 12 providers covering 89 of Iowa’s 99 counties

• Response Models vary in the state:
  • 1 provider dispatches from 911 and use law enforcement as a team member
  • 5 providers use a combination of crisis staff and law enforcement as team members
  • 6 providers have teams comprised of only crisis staff
Mobile Response Warm Handoff Process

Mobile Response is requested or identified as need and individual provides consent for warm handoff

988 Counselor connects with dispatching entity, explains situation, and brings individual on to the call

988 Counselor leaves the call and the mobile response entity continues with process for dispatching mobile response
Iowa was awarded a FFY24 Transformation Transfer Initiative (TTI) grant funded by SAMHSA through the National Association of State Mental Health Program Directors (NASMHPD) to improve interoperability between 911 and 988 systems.

**Iowa’s Project:** 988 Tandem Call Pilot Project

**Goal:** to increase awareness of 988 in areas where law enforcement are a primary access point to the behavioral health system and divert behavioral health crisis from 911 to 988.

**Tandem Call Definition:** a technique where a first responder (law enforcement, fire departments, or emergency medical services) join an initial call to the 988 Lifeline with the individual in crisis.

- First responder encourages individual to contact 988 while they are on scene, provides support as the individual goes through the process, and encourages individual to utilize 988 for future behavioral health crisis situations.
Six applicants will be selected to participate in the pilot project. Eligible applicants may include:
- First responders in an area where mobile response is not available or mobile response time is delayed
- First responders in an area where a primary access point to the behavioral health system is through law enforcement

Successful Applicants will:
- Convene a community planning group that includes:
  - Individuals with lived experience
  - Iowa’s 988 Centers
  - Staff directly responding to emergency calls
  - Mental Health and Disability Services (MHDS) Regions
  - Other key community stakeholders
- Community Planning Group will provide input and recommendations for the use of tandem calls in their area and educating the public about 988
Contact Information

Julie Maas, LMSW, 988 Project Director
jmaas@dhs.state.ia.us
Information Exchange

Tiffany Russell, Chief of Crisis & Justice Initiatives, SAMHSA’s 988 Behavioral Health Coordinating Office

Tiffany.Russell@samhsa.hhs.gov

SAMHSA’s 988 Crisis Systems Response, TTAC

- support@988crisissttac.org
- 844-464-8338 (toll free)

This project is supported by the Substance Abuse and Mental Health Services Administration (SAMHSA), the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. The Crisis Systems Response Training & Technical Assistance Center works in conjunction with the 988 Suicide & Crisis Lifeline. In 2020, Congress designated the new 988 dialing code to be operated through the existing National Suicide Prevention Lifeline. SAMHSA sees 988 as a first step towards a transformed crisis care system in America. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of SAMHSA or the 988 Suicide & Crisis Lifeline.
UPCOMING:

February 8th @ 1:00-3:00 PM EST: "Session 3"

Registration Link:
Zoom webinar

Or use this QR code