

## September 2021 State of 911 Webinar Q & A

<b>Implementation of 988</b>	
<b>Question Asked</b>	<b>Answer</b>
Will substance use and gambling be included in 988 messaging since they are so closely linked to suicide?	Substance use and gambling are both significant risk factors for suicide so these will be important areas for developing effective 988 responses.
Is there an estimated timeline for the creation of a 911/988 community of practice? How about protocols for formal engagement between 988 and 911?	Vibrant will be reaching out to NENA and NASNA in the coming weeks to review our mutual goals, participants, and agenda for the Community of Practice (CoP). We hope for the CoP meetings to begin later this Fall or early Winter. Protocols will be developed collaboratively and evolve over time in the ensuing months and years to come. SAMHSA is meeting regularly with the Office of Emergency Medical Services in the Department of Transportation.
Is there a potential for the need for a rollover of calls should there be an overabundance of calls at once? Also, does the NSPL see any information from the calling phone number...when dialing 988.	Lifeline has national backup centers to respond to surges in calls and calls that are not answered locally after 60 seconds. Lifeline has "Caller ID," for all calls, but this does not yield caller location details.
Can the state telephone fee be used for MCOT and receiving centers or just 988 services?	The fees can be used for 988-related services (like MCOT), but states have thus far recognized that funding the "front door" crisis centers will be the highest priority. The FCC will oversee to make sure the fees are not "diverted".
Interested in John's thoughts on this idea: I think the ship may have already sailed but could 911 have been used instead with a brief caller interaction to redirect the call to 988. This would immediately solve the geolocation and routing issue.	Yes, the ship has sailed on this one! However, this solution would have addressed the geolocation issue but created a number of other problems. These include: caller perceptions/stigma related to 911 response affecting their willingness to call; potential overuse of dispatch in 911 culture for persons in

	<p>suicidal crisis; major training needs for all 911 dispatchers related to engaging and assessing people in mental health crisis who did not want to be immediately transferred to another service, etc.</p>
<p>I am the 988 planning coordinator in WI. We have a 911/988 workgroup with 15 dispatch/911 staff and our 3 Lifeline centers. Are there protocols that you anticipate will be state decided vs. nationally decided? I want to prevent creating protocols at the state level between 911/988 for them to be superseded from national guidance.</p>	<p>Protocols can and should be developed at the local levels wherever possible, to the extent that they are believed to be most effective and efficient for your working partnerships. Any national protocols should emulate and accommodate local models that are working. If national protocols are developed and demonstrate greater efficiency and effectiveness, they will hopefully be considered for use in areas where less efficient or effective protocols have been developed.</p>
<p>Do you have suggestions on how I can follow up in Alaska? any contacts that I can offer information to?</p>	<p>Please send an inquiry to <a href="mailto:988inquiries@vibrant.org">988inquiries@vibrant.org</a>.</p>
<p>How will you be working with Canadian distress and suicide organizations for 988 cross border sharing?</p>	<p>SAMHSA has ongoing communication with the Public Health Agency of Canada regarding cross border hotline issues.</p>
<p>Will the NENA Enhanced PSAP Registry and Census (EPRC) be used when 988 entities are trying to contact the appropriate PSAP in future planning?</p>	<p>For years, the Lifeline has been utilizing a “PSAP lookup tool” developed and maintained by Intrado to help us connect with local PSAPs. In our 911/988 Community of Practice, we will explore the most comprehensive and efficient vehicles (including the resources you mention) to identifying and contacting appropriate PSAPs when needed.</p>
<p>Are there any requirements for the interface that the crisis centers should use to receive these texts to 988 and respond to them? (For example, 911 PSAPs have call handling equipment or web based apps to receive and respond to texts to 911 - what will crisis centers use?)</p>	<p>Currently, the Lifeline receives texts and online crisis chats through the same interface (Pure Connect, a product of Genysys). By this time next year, Lifeline will be piloting a contact center platform and case management system (CRM) intended for 988 calls, texts and chats. Over time, we are looking to integrate all 988 centers into this “unified platform.”</p>

<p>Are there any requirements for corporations or businesses (for example Ray Baum's act and Keri's Law) for 988 calls yet?</p>	<p>No</p>
<p>The link provided to find a list of the state 988 planners: <a href="https://vibrant.edc.org/988/content/#/lessons/aQczfps5upCAzl9ttXA_K-mRpRINbGKD">https://vibrant.edc.org/988/content/#/lessons/aQczfps5upCAzl9ttXA_K-mRpRINbGKD</a> is not working. Can you tell us how to contact state 988 planning agencies?</p>	<p>Please send an inquiry to <a href="mailto:988inquiries@vibrant.org">988inquiries@vibrant.org</a>.</p>
<p>Will all suicide hotlines be included in 988 implementation, or just grantees?</p>	<p>Only crisis centers that have been accepted for Lifeline network membership. Currently there is at least one local member center in every state, with over 190 crisis center members nationally. For more information on how to become a member, see: <a href="https://suicidepreventionlifeline.org/our-network/">https://suicidepreventionlifeline.org/our-network/</a></p>
<p>Four states do not have points of contact for state 988 planning. Will these states be included in 988 implementations?</p>	<p>Four states did not apply for the 988 state planning grants: MA, HI, ID and AL. However, all states are aware of 988 and the need to plan. Vibrant works closely with our partner, the National Association of State Mental Health Program Directors, to coordinate regular communications about 988 and related issues to all state mental health authorities.</p>
<p>Is there a point of contact to answer technical questions (e.g., the technical details of how calls will be transferred to and from 911)?</p>	<p>We can provide a contact that can describe how we connect calls now by asking your question to: <a href="mailto:info@suicidepreventionlifeline.org">info@suicidepreventionlifeline.org</a>. Future processes will likely evolve over time as we explore optimal strategies with 911 regarding 911/988 interoperability in our Community of Practice</p>
<p>Has a template for formal agreement (i.e., MOU, MOA) between 911 and 988 been developed, that contains items for consideration (e.g., roles, financial responsibility)?</p>	<p>We have not developed one as of yet. This is a great idea that we will surely incorporate into our 911/988 technical assistance collaborations.</p>
<p>If calls are being routed based on the area code of the caller's cell phone; if the caller needs a mobile crisis team, and is not actually</p>	<p>This area is a challenge for us currently. Future plans involve developing a national database of MCTs (which we are looking to develop in 2022) and are also</p>

located in that area code, has a mechanism been established to transfer the call?

looking for ways to address geolocation issues with telecom companies and 911. In the meantime, we do have the ability to warm transfer calls to the center nearest the caller who may be able to help us determine if an MCT is available for dispatch.