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Diverting Mental Health Crisis Calls from 911 to 988

EXECUTIVE SUMMARY

Today, many people experiencing a behavioral crisis become involved in the 911 system, where the response can range from inappropriate to dangerous. When the 988 Suicide Prevention and Mental Crisis Hotline launches in July 2022, it will provide a new resource designed specifically to help people without involving law enforcement. But a dedicated effort must be made to redirect people to 988 who would otherwise find themselves involved in the 911 system.

Unfortunately, the 988 program is an unfunded federal mandate that has failed to receive legislative support or funding in 38 states. While this limits the operational capacity for implementing 988, public administrators across the country are finding compelling ways to prevent people in mental crisis from becoming unnecessarily involved with law enforcement. This brief recommends two low-cost interventions that can help divert mental crisis callers at different points in the 911 system:

- 1. 911 Dispatch: Redirect calls related to threats of suicide directly to 988 call centers; and
- 2. 911 Responders: Provide in–person responders with guidance to facilitate connection between people in crisis to the 988 hotline.

BACKGROUND

Handling mental crisis calls outside the 911 system benefits everyone involved. A national study of 2,400 senior law enforcement officials found they spend a disproportionate amount of time on calls involving mental illness, largely due to a lack of referral options. Dispatchers

understand these events are better served through unhurried conversation with specially trained staff, and administrators recognize that each 911 call costs taxpayers thousands of dollars, due to the expense of sending first responders, while the average cost of a 988 call is just \$25.2

While it is in the best interests of both 988 and 911 administrators to direct mental health crisis calls to the 988 system, further planning and coordination are needed. A report released by the PEW Charitable Trusts in October 2021 found that most states have not yet acted to support the new 988 behavioral health lifeline, despite being just months away from the July 2022 launch.³

RECOMMENDATIONS

For 911 Dispatch Diversion

Implement the NENA Suicide Prevention Standard

States should implement the National Emergency Number Association (NENA) Suicide Prevention Standard, which provides operational guidance for the handoff of individuals at risk of suicide between 911 and crisis centers. It is important that 911 call-takers be able to divert mental health calls prior to dispatching law enforcement because it immediately and significantly reduces the likelihood of the worst outcomes for callers: involuntary hospitalization, detainment in prison, physical harm, or emotional trauma. Implementing the NENA standard would immediately divert a portion of people at risk of suicide out of the 911 system and set a precedent for redirecting more 911 calls to 988 in the future.

Understanding NENA

The National Emergency Number Association (NENA) Suicide Prevention Standard (NENA–STA–OO1) was adopted in 2013,⁴ prior to e911 or NG911 technical advancements and local 988 call centers, so some modifications may be necessary. For example, Section 4 details 911 Public Safety Access Point (PSAP) staff suicide training, which may not be necessary because 988 call–takers already have this training.

This NENA standard is a compelling way to begin diverting 911 calls for







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several reasons. The standard is:

- An established precedent: Over 125 Suicide Prevention Lifeline call centers have already used this standard to establish collaborations with 911 PSAPs,⁵ and they may be available to discuss their experiences and best practices.
- **Narrowly scoped:** This standard applies specifically to callers who are at risk of suicide. Establishing new 911 call-handling protocols is non-trivial, and starting by diverting a single call type (suicide) to 988 may speed up the implementation.
- A familiar 911 call type: Suicidal ideation, threats, and risk assessment standards already exist for 911 call-takers. This provides a starting point for establishing diversion protocols that do not yet exist for many other behavioral crises.

For Diversion by 911 Responders

Promote "Tandem Calls" as a Best Practice During Mental Health Incidents

A Tandem Call is a technique by which a 911 responder joins an initial call to the 988 hotline alongside the person in crisis. Responders can help manage heightened emotions, ensure core issues are raised, and help the 988 call-taker navigate potentially triggering topics. This is a common (though often informal) practice in the social-services sector that can lead to more productive calls, positive first impressions, and increased reuse of 988 in the future.

Widely promoting this technique has many benefits, including:

- Successful connections at a critical diversion point: People experiencing behavioral crises are in greatest danger of being involuntarily committed or taken to jail during responses by law enforcement. If access to the 988 hotline can prevent a repeat response in the future, then making a successful connection is critical. Unlike leave-behinds, such as calling cards or brochures, tandem calls guarantee that people in crisis actually speak with the hotline.
- Access to trained experts during difficult situations: "Mental calls are the only ones that scare me; there's no way to know what



to do," said a paramedic with 25 years of experience. Emotional crises can be uniquely stressful for emergency responders, but a tandem call to 988 can be an appropriate way to bring a specially trained professional directly into the conversation.

A helpful alternative for non-crisis scenarios: 911 responders
often find themselves in situations where a person's needs extend
beyond emergency response services. So-called "frequent fliers"
may need coaching on coping skills, or someone experiencing
intimate partner violence may need a reliable confidant. Tandem
calls are a way for responders to offer help beyond their own
scope of practice.

As part of state 988 implementation, we suggest promoting tandem calls as a diversion tool to be used by fire, EMS, police, hospital, and outpatient facility staff.

States should begin by inviting feedback from the social and clinical services for whom this type of 1:1 education is common practice. They should then integrate suggestions based on the feedback, ask service providers to promote the technique with their staff, and offer educational discussion about the 988 launch.

As the tandem call guide becomes more tailored, states should continue to invite other agencies to use it as a tool for providing improved support to people in crisis, and as a way to bring skilled professionals into difficult conversations.



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Endnotes

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- 2 "A Simple Way to Get Help," Lines for Life, accessed February 15, 2021, https://www.linesforlife.org/988-info/.
- 3 Tiffany Russell and Josh Wenderoff, "Most States Have Not Yet Acted to Support New 988 Behavioral Health Lifeline," PEW Charitable Trusts October 26, 2021, https://www.pewtrusts.org/en/research-and-analysis/articles/2021/10/26/most-states-have-not-yet-acted-to-support-new-988-behavioral-health-lifeline.
- 4 "NENA Suicide Prevention Standard," National Emergency Number Association, June 15, 2013, https://suicidepreventionlifeline.org/wp-content/uploads/2016/09/NENA-STA-001_Suicide_Prevention.pdf.
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- 6 "Crisis Intervention Techniques and Call Handling Procedures for Public Safety Telecommunicators," APCO International, 2021, https://www.apcointl.org/~documents/standard/11201-2021-cit-and-call-handling.