988 & 911:
STRENGTHENING CRISIS RESPONSE WHILE MANAGING RISK AND LIABILITY

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SAMHSA
Substance Abuse and Mental Health Services Administration

PURPOSE OF TOOLKIT

The purpose of this resource is to provide actionable steps and tools to promote the interoperability and collaboration of 988 and 911 services in communities by helping partners overcome real and perceived risks and obstacles. Since the expansion of 988 services in 2022, many states, Territories, Tribal nations, and localities have successfully forged partnerships between the two emergency service providers meeting the needs of residents experiencing a behavioral health crisis, while other regions have been slower to embrace this shift that ultimately diverts calls from the traditional 911 system. The interoperability of the 988 and 911 emergency services systems aims to provide a seamless response to individuals experiencing behavioral health crises.

However, such interoperability also presents a range of potential risks and liabilities. This toolkit outlines strategies to manage risks and liability concerns that may be brought up when considering 988 and 911 interoperability and contains additional resources to assist partners interested in achieving 988 and 911 interoperability in their communities. The term behavioral health will be used throughout this toolkit to encompass both mental health and substance misuse.

Legal Disclaimer

The views and content presented do not necessarily reflect the official position of SAMHSA or the U.S. Department of Health and Human Services. Nothing in this publication constitutes legal advice or a direct or indirect endorsement of any non-federal entity's products, services, or policies. This material is intended solely as a framework to support improved coordination and practice within crisis systems. Individuals and entities should seek their own legal counsel for liability considerations, including the development or use of Memoranda of Understanding (MOUs)/ Memoranda of Agreement (MOAs) and other formal agreements.

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Acknowledgments

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Introduction

The 988 Suicide and Crisis Lifeline (988), formerly the National Suicide Prevention Lifeline, is a nationwide network of over 200 local and state-funded crisis centers that provide specialized care by answering calls, chats, and texts from individuals experiencing behavioral health crisis and connecting them with highly trained crisis counselors for immediate assistance. As a nationwide emergency response service, 988 is designed to shift care for behavioral health crisis from the traditional 911 emergency services response systems. For decades, 911 first responders – police, emergency management services, fire fighters – were tasked with responding to any and all crisis situations in communities. However, this system, while pivotal, was not designed to effectively address behavioral health emergencies. With limited resources and specialized capacity, 911 centers often struggle to provide the appropriate support for individuals experiencing behavioral health crises, highlighting the urgent need for a more focused alternative like 988. By establishing collaborations between 988 and 911 call centers, communities will better position themselves to effectively respond to crisis situations using the appropriate resources based on the nature of the crisis.

In the Spring of 2024, the 988 Crisis Systems Response Training and Technical Assistance Center (CSR-TTAC) hosted several webinars with partners interested in improving coordination between 988 and 911. In addition to the logistical obstacles that were discussed (e.g., funding and people power), concerns about potential legal risk and liabilities arose. Subsequent conversations in the fall of 2024 with implementors in the field highlighted relationship and trust building between partners as the key strategy to overcome risk and liability obstacles. This document will help partners understand essential definitions, roles, and responsibilities that may reduce concerns around legal risk and liability. Building and enhancing relationships between 988 and 911 increases trust, streamlines communication, improves problem solving, and allows for skills sharing and resource pooling, all of which promote effective collaboration between 988 and 911 services.

QUICK TIP IN USING THIS TOOLKIT

All resources are hyperlinked – Just click on each to go directly to the source

Key Partners and Readiness Assessment

At the beginning of 988 and 911 interoperability conversations, the initial step should be defining local partners and assessing for readiness. For places experiencing a decrease in momentum after initial engagement, re-evaluating the list of involved partners and readiness to integrate 988 and 911 services is key.

PARTNER WORKGROUP MEMBERS

A crisis systems interoperability workgroup should represent a broad spectrum of cross-system leadership from various agencies, organizations, and state, Territory, county, Tribal, and local entities to ensure comprehensive representation and perspectives. When identifying potential partners, it is crucial to consider groups and organizations that would be impacted by this interoperability, and those that have resources, fiduciary responsibilities, or key attributes that will support the goal, then determine their level of influence, impact, and interest level. Ideally, the partners identified champion this cause through a shared vision of 988/911 interoperability, driving engagement towards the goal, fostering a positive environment, and creative problem solving.

The team would ideally include representation from the following State and local level organizations, fields, and sectors:

- 988 center leadership
- 911 center leadership - Public Safety Answering Points (PSAPs)
- State 911 Administrator
- 988 Suicide and Crisis Lifeline Administrator
- State, Territorial, and/or Tribal Mental Health Authority
- Single State Agencies (SSA) for Substance Use
- State Medicaid Authority
- Persons with lived experience and/or parent with lived experience supporting youth in crisis
- Mobile crisis provider
- Behavioral health youth expert
- Community-based organization representatives (stabilization providers, community health clinics, CCBHCs, etc.)

Additional members should come from other relevant fields and sectors, including, but not limited to:

- State/Territory/Tribal health agencies
- Association of County Behavioral Health Authorities
- Hospital/healthcare systems
- Public safety organizations – fire, law enforcement, and EMS/Ambulance services
- State education department (school-based behavioral health/suicide prevention)
- Child Welfare Agencies
- Elected officials/decision-makers
- Suicide prevention organization (local AFSP, NAMI chapters)
- Mental Health Block Grant (MHBG) Planner
- Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG) State Planner
- Local crisis hotlines, peer-operated warm lines, or emotional support lines

RESOURCES

- A Guide to SAMHSA's Strategic Prevention Framework (SPF) (PDF)
  - Helpful Hint: See steps on assessing capacity and engaging partners
- Sample Stakeholder Mapping Worksheet (PDF)
- Stakeholder Analysis Example (PDF)
- Stakeholder-Engagement Toolkit
- List of State 911 Administrators

ASSESSING READINESS FOR CHANGE

Evaluating organizational readiness for change lays a foundation for successful interoperability of 988 and 911 services and seamless implementation of new processes or policies that may be required. This also aids in identifying potential obstacles and enables proactive change management. Consider the following steps when assessing organizational readiness for change:

- Define the purpose and scope of the change
  - Is your goal interoperability or to integrate workflows?
- Choose an assessment tool to perform a self-assessment
  - Is there an assessment tool partners have used successfully that can be adapted for this project?
- Seek feedback from key partners
  - Be specific in what information you want partners to review, what type of feedback you're requesting, and how you will use that feedback.
- Identify resource requirements and potential gaps
  - Consider if the involved organizations have the resources to address these gaps.
  - Consider potential leadership turnover and how that may impact sustainability of efforts.
- Analyze findings to develop a strategic plan to align goals and implement change
  - Agree on a strategic plan and align goals based on the scope initially presented.

RESOURCE

- Checklist for Assessing Readiness to Undertake Community Collaboration (PDF)

Establishing and Maintaining Interorganizational Trust

Relationship building and establishing strong ties with local law enforcement and emergency services is a key part of developing an interoperable 988 and 911 system. Starting conversations early and working with all law enforcement and emergency services partners throughout the process of establishing 988 and 911 interoperable systems will be important for the successful interoperability of multiple emergency and law enforcement systems. The following suggestions come from various implementors across the country working toward 988 and 911 coordination and are applicable for all levels of staffing, from leadership to dispatchers.

COMMUNICATION OF ROLES

- Establishing and defining clear roles and responsibilities amongst 988, law enforcement, and emergency services will be important for laying out specific tasks that each organization is responsible for.
- Organizations may consider including workflow charts, organizational structure overviews, and contact information to support the exchange of information and support systematic understanding between entities.
- Organizations should consider developing decision point matrices to manage call transfer between 988 and 911.

PARTNERSHIPS WITH LOCAL LAW ENFORCEMENT AND EMERGENCY SERVICES

Partnerships with local law enforcement and emergency services can be assisted with Mutual Aid Agreements or Memoranda of Understanding (MOUs) (find and example in Appendix A - Sample Documents of NENA Standard for 911/988 Interactions (PDF)) outlining expectations of each organization, shared understanding of roles and responsibilities, and how systems will interact and communicate with each other to achieve 988/911 interoperability. In the early stages of interoperability, MOUs or Mutual Aid Agreements provide a common understanding before committing to a full, legally binding contract. It establishes the framework for future agreements and mitigates potential disputes by clarifying key details upfront.

CROSS-TRAINING

Cross-training 988 counselors and 911 dispatchers ensures that callers receive the right help when they call, text, or chat. Cross-training can reduce or eliminate disparities in care and improve crisis response. Cross-training may include training in de-escalation and identifying behavioral health challenges for both 988 counselors and 911 dispatchers. Cross-training allows each entity to better understand their counterpart's role and responsibilities; however, it does not imply 988 or 911 staff can fill both roles simultaneously. There are several best practice trainings staff can access for little or no cost such as Mental Health First Aid (MHFA), Crisis Intervention Team (CIT) training, and Applied Suicide Intervention Skills Training (ASIST) courses. These skills-based courses teach participants how to identify the signs and symptoms of a potential behavioral health challenge, and how to intervene when an individual has thoughts of suicide.

TIP: Consult with partners in the community prevention or treatment space for training opportunities they provide for staff to see if 988 and 911 staff can attend.

- Sit-along and Ride-along:
  - **Sit-alongs** provide an opportunity for 988 counselors and 911 dispatchers to see how the other operates when receiving crisis calls.
  - **Ride-alongs** provide 988 counselors an opportunity to better understand law enforcement interaction with persons in need.

RESOURCES

- National Guidelines for a Behavioral Health Coordinated System of Crisis Care
- NENA Standards for 911/988 Interactions

  Helpful Hint: See the Appendix of this document for a sample MOU template, the call triage decision tree example, and sample information sharing agreement.
- Suicide Prevention Best Practices Registry
- Lifeline Suicide Safety Policy

  Helpful Hint: See Community Engagement
- Department of Justice Memorandum of Agreement (MOA) Template (DOCX)
- Department of Justice Memorandum of Understanding (MOU) Template (DOCX)
- Writing Guidance for an Memorandum of Understanding (PDF)
- Identifying and Triaging Calls: 911, 311, 988, and Beyond

Contractual Considerations

This section explores the various contractual considerations that organizations may pursue when working with external partners for their 988 and 911 interoperability services. The information provided in this toolkit does not and is not intended to constitute legal advice. All information, content, and materials provided are for general informational purposes. Organizations should always consult their designated legal representatives when drafting any legally binding agreements.

Service Agreements with External Partners: Some states, Territories, counties, and cities may contract with local service providers to operate and carry out their crisis response teams. These providers may consist of independent organizations with specific expertise in crisis management and response, technology providers, call centers, and other third-party vendors. These service agreements should be clear and comprehensive and could include aspects such as clear terms of service, indemnity clauses, and minimum level of insurance clauses. Clear terms of services can include definitions of the scope of services being provided, responsibilities of each party, expectations of deliverables, timelines, and the necessary performance metrics. Indemnity and insurance clauses can specify risk management between partners, or the level of insurance service providers must have as part of the service agreement.

Liability Sharing and Risk Allocation: It is crucial to define liability-sharing and risk-allocation mechanisms to ensure that responsibilities are clearly delineated between 988, local law enforcement, and emergency service partners. Clear liability clauses can also assist in limiting the city/Territory/county/state's or agency's individual liability responsibility while holding contractors and providers accountable for the agreements they have in place with the city/county/state/Territory. In partnerships between 988, law enforcement or emergency response teams, liability should be shared in a manner that reflects each party's role in crisis management.

The role and responsibilities of law enforcement and emergency responders should be clearly distinguished from behavioral health crisis response teams, with models such as co-response teams also considered. While 988 services are focused on de-escalating behavioral health crises, 911 and local law enforcement may still become involved in situations where harm to self or others is imminent and when medical intervention is needed.

RESOURCES

- Community Responder Liability (PDF)
- NENA Standards for 911/988 Interactions (PDF)
- Writing Guidance for an MOU (PDF)
- The Road to 988/911 Interoperability

Liability Concerns

A commonly perceived obstacle to the interoperability of 988 and 911 call centers is organizational and personal liability and risk in transferring calls from one call center to another.[i] Some experts in the field cite the fear of legal liability as the first, somewhat misrepresented, obstacle to change, which once discussed, can be mitigated through standard agreements and effective communication.[ii] Even though there are few real-world examples of negative legal outcomes related to 988 and 911 coordination, organizations can seek to moderate liability by communicating with their partners to establish policies, protocols, and procedures, and implementing and enforcing them collaboratively. Organizations should consult with their legal representatives when considering policies to support the interoperability of both systems.

- **HIPAA Liability:**[iii] As a commonly recognized federal statute, liability concerns related to the Health Insurance Portability and Accountability Act (HIPAA) may be brought up related to how 988 or 911 handles protected health information. Both 988 and 911 responders are expected to maintain confidentiality of the information shared by individuals in crisis. As is always the case, if confidential or protected information is disclosed inappropriately it could lead to legal consequences. While this law sets strict rules on how health information is to be handled, HIPAA does not prevent the sharing of client data between 988 and 911 services, especially in instances of call transfers between the two parties. In fact, not sharing protected health information between 988 and 911 effectively can lead to delays in care or inappropriate responses, which can increase risk of legal actions in the event of an adverse outcome.
- **Negligence (Failure to Act or Incorrect Action):**[iv] Due to the often high-pressure, time sensitive nature of the role of emergency dispatch, there is the concern that if a responder fails to act appropriately or makes incorrect decisions in handling an emergency, they or their organization could be held liable for negligence. In many states, 911 dispatchers and first responders are immune from civil liability for negligence, except in cases of willful or wanton conduct. Similar legislative protections should be considered to extend liability coverage for 988 responders. When responding to behavioral health or substance use disorder (SUD) crises, exceptions to HIPAA may apply, and similar legislative protections may be considered when determining liability exposure.
- **Vicarious Liability:**[v] In cases where staff members (e.g., 988 counselors or 911 dispatchers) make errors or fail in their duties to properly respond to a crisis, organizations may face vicarious liability for actions or omissions occurring within the scope of employment. Liability risk can stem from issues such as inadequate training, lack of resources, or failure to follow established protocols. However, qualified immunity or other legal protections may apply under state or federal law. Organizations should consult legal counsel when developing policies to mitigate these risks.

- **Contractual Risks with External Providers:**[vi] A form of third-party liability is risks related to contracts with outside parties. There is a concern that if an outside provider fails to meet the terms of their agreement or causes harm, both the outside provider and contracting service may be held responsible for the consequences. Organizations should ensure all contracts, MOUs, Memoranda of Understanding (MOAs), or any other documents creating formal or informal partnerships are reviewed by their legal team to ensure they are sound, executable, and protect the organization from liability.
- **Risk of Harm from External Factors (e.g., dangerous situations during a crisis response):**[vii] In certain crisis situations, external factors like dangerous environments or violent individuals could put responders in harm's way. If 988 or 911 responders are injured or put at risk due to factors outside their control, the agencies might still face liability if their response was inadequate or mismanaged.
- **Liability for Unintended Outcomes (e.g., self-harm or fatalities):**[viii] Sometimes, despite best efforts, emergency services may not prevent harm. If a person in crisis harms themselves or dies, families or others may attempt to hold 988 or 911 services responsible, especially if there is a belief that the response was inadequate. Though these situations are tragic and often difficult to predict, services can still face legal action.

Perceived Liability

HIPAA: If confidential or protected information shared by an individual in crisis to the 911 or 988 operator is disclosed inappropriately it could lead to legal consequences.

REALITY

While this law sets strict rules on how health information should be handled, HIPAA does not prevent the sharing of client data between 988 and 911 services, especially in instances of call transfers between the two parties.

Perceived Liability

Negligence (Failure to Act, Incorrect Action): If there is a negative outcome to a crisis call, 988 and 911 dispatchers and/or response teams could be held liable for not preventing the outcome.

REALITY

In many states 911 dispatchers and first responders are immune from civil liability except in cases of willful or wanton conduct. When acting in good faith to the best of their abilities, they are not held liable. Some states have begun extending this protection to 988.

Perceived Liability

Contractual Risks: When contracting with external providers, if the external partner is negligent, both parties will be held liable.

REALITY

An organization's legal department can support developing and executing strong contracts to ensure the organization is protected from liability in the case of negligence by the external partner.

RESOURCES

- HIPAA Privacy Rule: A Guide for Law Enforcement (PDF)
- eLearning Module: Part 2's Medical Emergency Exception
- COEPHI Privacy Considerations for State 988 Crisis Response Networks

Policy and Procedure Considerations

Clear policies and procedures for 988 and 911 interoperability are a necessary aspect of ensuring client and staff safety and well-being. This section explores client and staff safety considerations, the development and implementation of robust risk assessment and triage protocols, while highlighting the need for a continuous improvement process to enhance service delivery, reduce liability, and protect both responders and individuals in crisis. With focus on proactive measures, systematic evaluation, and policy-driver guidance, a safe and effective integrated response framework can be implemented and maintained. The following categories are important to consider as partners create internal and external policies to integrate 988 and 911 successfully.

RESPONSE AND STAFF SAFETY – CONCERNS AND SOLUTIONS

Response Safety: Ensuring the safety and wellbeing of clients during interventions, whether via phone or in-person, is essential. Crisis Response Teams may encounter the risk of violence and public safety concerns whilst in the field and responding to calls. Comprehensive safety protocols, unique to each jurisdiction, must be followed to reduce the risk of harm and provide effective, compassionate care for clients.

Staff Safety: Being mindful of crisis response systems' potential psychological impact on staff is necessary to take care of staff safety needs. Below are some staff safety aspects to consider:

- **Addressing compassion fatigue and burnout:** Compassion fatigue, a combination of both burnout and secondary traumatic stress, may have negative impacts on an individual's physical and psychological health. Compassion fatigue can also lead to workplace turnover, negative productivity, and lack of satisfaction among staff. Evidence-based practices include mindful-based interventions, self-care interventions, and resilience interventions.
- Methods for Addressing Staff Safety:
  - **Employee Assistance Programs (EAP):** EAPs promote staff wellbeing by providing access to confidential services to address various work/life issues to include counseling, financial consultation, etc. Programs available through EAPs can support the mental health, wellbeing, and productivity of staff by providing a stigma-free space to address concerns without fear of repercussions.
  - **Debriefing Process:** Organizations should implement a structured de-briefing process to allow all staff involved in a critical incident time and space to process and reflect on the events. Critical Incident Stress Debriefing (CISD) is one structured process consisting of seven phases often used in emergency services to reduce the long-term impact of trauma and promote wellbeing.

RISK ASSESSMENT AND TRIAGE PROTOCOLS

Effective risk assessment and triage protocols are essential in ensuring timely, appropriate responses to individuals in crisis while minimizing risk and liability for first responders, behavioral health professionals, and agencies involved.[ix,x] Below are suggested components for risk assessment and triage processes. These should be established, reviewed, and agreed upon in conjunction with 988, 911, law enforcement, and emergency response partners prior to adoption.

- **Initial Risk Assessment:** Upon receiving a 988 or 911 call, the operator must quickly assess the risk level by gathering key information including:
  - The nature of the crisis (e.g., behavioral health emergency, physical injury) Any threats to safety (danger to self and/or danger to others)
  - Location and environmental hazards (e.g., weapons, access to safe areas)
  - Available support systems (family, friends, professionals)
- **Utilizing standardized screening tools and algorithms** can enhance the accuracy and consistency of this initial assessment.
- **Triage Process:** Based on the initial assessment, the crisis is triaged into categories (e.g., low, mild, moderate, higher risk), this triage determines the level of response needed. Other systems may create alternate risk level categories:
  - Low Risk: no immediate danger to the individual or others; may involve referral to a local behavioral health professional or community resources
  - Mild Risk: individual in crisis; can/will accept assistance remotely; no immediate threat to others
  - Moderate Risk: potential for escalation; dispatch emergency responders with behavioral health training, including Mobile Crisis Response or Units (MCUs) or Crisis Intervention Teams (CITs)
  - Higher Risk: imminent danger to the individual or others; priority dispatch of emergency medical services (EMS) and/or law enforcement with support from trained behavioral health professionals when possible

- **Ongoing Monitoring and Adjustment:** during the call or on-site response, continuous evaluation of risk is critical. If new information arises or the situation escalates, triage should be reassessed, and adjustments made to the level of intervention or resource allocation.
- **Documentation and Communication:** all risk assessments and triage decisions should be clearly documented, and relevant information shared with responding teams to ensure coordinated response.

RESOURCES

- 911 Dispatch Call Processing Protocols: Key Tools for Coordinating Effective Call Triage (PDF)
- 988 Suicide and Crisis Lifeline: Suicide Safety Policy (PDF)
- Identifying and Triaging Calls: 911, 311, 988, and Beyond

ADDITIONAL PROCEDURAL CONSIDERATIONS

Continuous Improvement Process: A continuous improvement process is essential for ensuring the ongoing effectiveness and safety of a 988 and 911 interoperable system, fostering collective learning, adaptation, and refinement in protocols and staff support systems.

Quality Assurance and Auditing: processes should be in place to mitigate any gaps in protocol adherence. A system for conducting regular quality assurance and auditing helps to identify any potential areas of concern that could increase liability risks.

Regular Program Evaluations and Reviews: Including regular program evaluations and reviews is an important part of maintaining quality assurance and audits of 988 and 911 interoperable systems. Ideally, an independent entity would conduct outside evaluations to avoid conflicts of interest. Internal evaluations and reviews are also necessary for continuous quality improvement of the crisis response system. Program evaluations should include assessments of the effectiveness and outcomes of call responses using metrics such as call volume, response times, caller satisfaction, successful interventions, and referral follow-ups. Additional reviews could include call audits, performance monitoring and other techniques as suggested by the 988 Implementation Planning resource.

Incident Response Documentation: Thorough and accurate incident response documentation, and review of this documentation, is crucial for evaluating the effectiveness of 988 and 911 interoperable systems. Incident response documentation provides a clear report that supports all decision-making made during client interactions and can assist with making long-term improvements to risk management.

Incident Reporting Procedures: Implementing a formal incident reporting system where staff can document any issues, challenges, or unexpected events during crisis calls is key. This can include review of adverse/sentinel events, delays, technical difficulties, and miscommunication between teams. All incidents should be reviewed through a localized process for 988 and 911 data sharing and a review of problematic situations by representatives of all agencies. Reports should be reviewed regularly for trends and areas of improvement, with corrective action taken to prevent incident recurrences.

Internal Documentation of Calls and Actions Taken: Organizations should maintain internal documentation of calls and actions taken – ideally in a templated form to ease entry for call dispatchers. Each entry should include relevant details such as the nature of the call, specific actions taken, and any follow-up steps documented to mitigate the potential for risk and liability. This documentation helps to ensure transparency, accountability, and maintain compliance with established protocols.

Client Interaction and Outcome Tracking: Establishing a database detailing telephonic and in-person client encounters, actions, and outcome tracking is a key component of a crisis response system. Accurate documentation of each interaction, including nature of the crisis, response actions, and any follow-up is important for tracking outcomes and reducing the risk for liability concerns. An established set of common call reasons and outcome metrics should be integrated in this tracking system to streamline data reporting processes for call responders.

Post-response Data Sharing: Data sharing between agencies can assist coordination and call transfers between 988 and 911. Post response data sharing, detailing results of call transfers, can assist in building relationships and interagency trust, particularly in emphasizing outcomes and time spent on calls that are transferred from 911 to 988. Clear and transparent communication ensures that all parties involved with emergency response are aligned on their roles, responsibilities, and shared goals. Through proactive data sharing, caller response outcomes, best practices, and risk assessments, partners can identify points or gaps of concern to improve response coordination and assist with proactively addressing potential risk or liability concerns.

RESOURCES

- Data Sharing Agreement Template (PDF)
- Crisis Reporting Templates: Arizona Health Care Cost Containment System

Jurisdictional Efforts Around Liability

Around the country, states, Territories and Tribal nations are also codifying efforts to protect responders in the crisis system from liability both by directly protecting individuals answering the calls and those providing direct services. Legislative efforts are additionally being applied to aid funding and sustainability of 988 systems around the country, such as the implementation of a 988-specific surcharge on telephone bills.[xi] Below are examples of how three states have championed legislation efforts regarding 988/911 interoperability, including legislation introduced based upon the efforts of 988 community groups.

WASHINGTON – In March 2024, the governor of Washington state signed House Bill 2088 into law. This law, modifies RCW 71.24.907 which provides legal protection for individuals and organizations acting in good faith while responding to behavioral health crises under Washington's 988 system, excluding cases of gross negligence or willful misconduct. It expands liability protection for responders on mobile crisis teams and community-based crisis teams. Under this legislation individuals involved in dispatch decisions at crisis, or 988 call centers cannot be held liable for their actions or inactions, provided they act in good faith and within the scope of their employment. This liability protection extends to clinical staff, crisis call center staff, mobile response teams, public safety dispatch, and any applicable public safety answering points. This essential legal safeguard enables responders to carry out their duties with confidence, even in potentially high-risk situations.

> *"When we afford crisis responders these protections, we will see more communities embark and invest in mobile crisis response programs. Responders need to focus on doing their job to the best of their ability. Helping them do that helps more Washingtonians receive effective interventions when they need it."*
>
> *– Rep. Tina Orwall*

KANSAS – In 2022, the Kansas enacted the Living, Investing in Values, and Ending Suicide (LIVES) Act. In addition to establishing the 988 Suicide Prevention and Mental Health Crisis Hotline (Hotline) and the 988 Suicide Prevention and Mental Health Crisis Hotline Fund (Hotline Fund), this bill enacted liability protection for crisis service providers. This legal protection extends to service providers, employees, subcontractors, and suppliers of the Hotline, stating they are not liable for payment of damages resulting directly or indirectly from the 988 services provided, when acting in good faith.

NORTH DAKOTA – In March 2025, North Dakota updated their Century Code with Senate Bill 2145 (PDF), providing immunity from civil liability to employees of the 988, 211, and 911 systems. It outlines that any individual employed or subcontracted to provide service for the 988 Lifeline, 211 Information Line, or 911 system, may not be held liable for their actions or inactions in providing service, when acting in good faith. Supporting the crisis response resources of North Dakota offers a practical alternative to police intervention and ensures greater access to behavioral health services.

CONSIDERATIONS WITH TRIBAL NATIONS

There are currently 574 federally recognized Tribes in the United States. Each Tribe is a sovereign entity with a legal status based on the U.S. Constitution. Out of 574 Tribes, only 234 operate their own law enforcement departments, which vary greatly in their size and capacity. The Bureau of Indian Affairs (BIA) provides law enforcement to 26 tribes,[xii] so many are reliant on the cooperation of their state 988 provider and contractors.

The key point in how 988/911 interoperability can be implemented with a Tribal nation is to understand the specific Tribal jurisdictional issues within the state, and the capacity of the Tribe involved. Because Tribal citizens are also citizens of the state, state policymakers have an obligation to engage in a meaningful Tribal consultation process that recognizes the government-to-government sovereignty of the Tribe and formalize agreements through MOAs or other means. See the Resources section below for an example Tribal crisis coordination protocol from the state of Washington.

Where both 988 and 911 systems are managed by the state, Tribes should be provided the opportunity to be involved in decisions about how those systems will work cooperatively to meet the needs of Tribal citizens, and make appropriate referrals to Tribal crisis responders, when capacity allows. Where Tribes are interested and have the capacity to manage their own 988 and 911 systems, the state should provide technical, financial, and other support to ensure the success of Tribal interoperability efforts. Formalizing such relationships through a state-Tribal agreement is one way that states and Tribes have forged partnerships in other areas including child welfare,[xiii] environment and land issues,[xiv] and emergency response.[xv]

RESOURCES

- Washington State Tribal Crisis Coordination Protocols (PDF)
- Massachusetts 911 Call Study: Assessing the Potential to Divert Behavioral Health Calls to Alternative Responses
- National Alliance on Mental Illness – 988 Crisis Response State Legislation Map

SUMMARY AND CALLS TO ACTION

Ensuring successful 988/911 interoperability requires thoughtful relationship building, clear policies, and proactive risk management. This toolkit equips partners with essential guidance to address risk and liability concerns, establish trust, and strengthen emergency response systems across the United States, its Territories, Tribal nations, and localities. With these strategies in place, partners aiming to implement 988/911 interoperable systems can confidently navigate complex challenges while establishing, maintaining, and sustaining reliable and effective crisis intervention efforts. In closing, the below calls to action outline future steps needed in the field of 988/911 interoperability crisis response.

- 988 and 911 Organizations: prioritize 988 and 911 interoperability to remove silos, improve coordination, and build a comprehensive emergency response system.
- Champions: advocate for policies and funding to integrate 988 and 911 systems to ensure a smarter, more compassionate emergency response system that meets the needs of the community.
- Communities: encourage local leaders to prioritize 988 and 911 interoperability to create a system that allows faster, more effective help for those experiencing behavioral health crises.

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