The 988 Suicide and Crisis Lifeline, launched in 2022, holds promise for significantly improving the mental health of Americans in distress. However, local policymakers planning how 988 should interface with the 911 emergency system face many challenges in ensuring that callers to both services get the appropriate responses. The process of assessing a caller’s needs and deploying the right resource—be it phone counseling, emergency medical services, police, or fire response—requires procedures tailored to every jurisdiction’s governmental, geographic, and population characteristics.

Resources to support policymakers considering 988/911 interoperability are limited, and lessons learned are not widely shared. These realities can hamper effective implementation. A RAND research team studied 988/911 interoperability in communities in South Dakota, New York, and Virginia to help communities that are grappling with how to establish effective interoperability policies. The resulting report, *The Road to Interoperability: Three Case Studies on Call Transfer, Colocation, and Community Response*, offers findings to help communities understand different approaches to 988/911 interoperability, helpful practices, and ways in which local characteristics might shape their own policies and procedures.

### Key Findings

- Planning and implementation for 988/911 interoperability should be collaborative, including representatives from 988 and 911 call centers, law enforcement, mobile crisis teams, peer support specialists, behavioral health specialists, and people who have lived experience with crisis services.

- Having a local champion participate on the teams that are executing 988/911 interoperability helps facilitate planning and implementation. The person in this role can set priorities, convene local stakeholders, broker difficult conversations, and chart an effective path toward interoperability.

- Formalizing policies, procedures, and documents is essential. Developing agreement between stakeholders on formal policies can take time and can require involvement of agency legal departments.
Many Paths to Interoperability

The best policies and procedures to support interoperability in any jurisdiction can vary according to factors that include population size and density, availability of local resources (including funding and community-based services), organization of 988 call centers, and number of public safety answering points (PSAPs; also referred to as 911 call centers). Some jurisdictions have built or are in the process of building procedures to support 988/911 interoperability, though approaches vary. Some jurisdictions are building from the ground up at local agencies, while some are responding to state mandates.

The RAND report documents various models for achieving interoperability that are based on an examination of three communities with different characteristics (see the box on the next page for details on each community). In doing so, it highlights barriers to and facilitators of implementation, as well as lessons learned along the way. These are distilled into findings from which all communities may benefit on the road to 988/911 interoperability.

Key Lessons Across Sites

Planning and implementation should be collaborative. Planning for interoperability should include representatives of the local PSAPs and 988 call centers, as well as those agencies responsible for in-person responses—for example, law enforcement, mobile crisis teams, peer support specialists, and behavioral health services. Effective collaboration requires the use of shared language, mutual respect, and inclusive decisionmaking.

Having a local champion for 988/911 interoperability is key. Planning and implementation can be most effective when there are one or two people who serve as local champions dedicated to promoting implementation and facilitating decisions.

988/911 interoperability requires more than protocols for transferring calls between 988 and 911. Implementation planning must take into account all crisis services available in a community, such as mobile mental health crisis response teams and police. Depending on the local resources available, there might also be other groups to involve, such as co-response teams, which pair law enforcement officers with clinicians, and peer support staff or peer specialists. Planning for 988/911 interoperability is likely to be most effective when it is part of a larger effort to build a robust continuum of care in the community.

Jurisdictions can rely on existing tools when planning for 988/911 interoperability. Some tools already exist to help communities plan for interoperability: The 988 Convening Playbook: Public Safety Answering Points (PSAPs) outlines the key decisions and competencies that should be considered when developing a plan for 988/911 interoperability, and the 988 Convening Playbook: Lifeline Contact Centers is a complementary document focused on 988 call centers. These documents guide jurisdictions to consider partnerships, call processes, training, data collection, and data-sharing.

Formal policies, procedures, and documents are essential. Developing and documenting formal processes helps establish shared understanding among all players and facilitates data-sharing. It can also help address concerns that some groups might have about liability. Developing these agreements takes time and often requires the involvement of agencies’ legal departments and knowledge of other laws and policies (e.g., the ways in which the Health Insurance Portability and Accountability Act; the Code of Federal Regulations, Title 42; or Criminal Justice Information Services data policies apply to data-sharing between 988 and 911).

Considering how to apply these practices to a jurisdiction’s particular circumstances may aid policymakers tasked with achieving 988/911 interoperability.
The Communities Studied

City of Sioux Falls and Minnehaha County, South Dakota

- **988 call center structure:** Single statewide 988 call center, located in Sioux Falls
- **911 call center structure:** The case study is focused on a PSAP serving Sioux Falls and all of Minnehaha County. The PSAP of focus is an independent agency; South Dakota has 33 PSAPs, three of which are tribal.

Orange County, New York

- **988 call center structure:** Countywide call center with 311, the county's local crisis hotline; located in Goshen, New York
- **911 call center structure:** Countywide PSAP; located in Goshen, New York

Fairfax County, Virginia

- **988 call center structure:** Regional crisis call center in northern Virginia; virtual center with remote call-takers
- **911 call center structure:** Countywide PSAP; located in Fairfax, Virginia

The RAND researchers selected these sites to maximize variation across multiple dimensions, focusing on population density/urbanicity, model of 988/911 interoperability, and recency of establishing 988/911 interoperability. They reviewed relevant documentation, interviewed agency staff, and conducted site visits to identify lessons that might help guide other jurisdictions.