



METROPOLITAN EMERGENCY SERVICES BOARD 9-1-1 TECHNICAL OPERATIONS COMMITTEE AGENDA

August 21, 2025, 10:00 a.m.

Hybrid Meeting

[Webex Meeting](#)

Phone: (408) 418-9388

Meeting Number: 2559 377 9320

Password: tJZPF9PiM22 (85973974 when dialing from a phone or video system)

1. **Call to Order** – Kari Morrissey, 2025 Committee Chair
2. **Approval of Agenda** – Morrissey
3. **Approval of July 17, 2025 Minutes** – Morrissey (**Page 3**)
4. **Action Items** – None
5. **Discussion Items**
 - A. Review/Feedback for SECB NG9-1-1 Committee: 9-1-1 Best Approach Guide to Mental Health or Crisis Referrals – Janelle Harris/Tony Martin (**Page 7**)
 - B. Safer Streets for All Grant Update – Martin
 - C. Indoor School Mapping Update – Jill Rohret
 - D. FCC Updates – Rohret (**Page 37**)
 - E. Regional COOP Update – Greg Hayes
 - F. 2026 Regional Funding Priorities – Rohret (**Page 47**)
 - G. ECN Update – ECN
6. **Reports**
 - A. SECB Mapped ALI Workgroup – Heidi Hieserich
 - B. PSAP Operations Roundtable Workgroup – Heidi Meyer
 - C. SECB NG9-1-1 Technical Operations Workgroup – Scott Peterson
 - D. SECB NG9-1-1 Operations Workgroup – Morrissey/LaVae Robinson
 - E. SECB NG9-1-1 Committee – Harris/Brent Anderson
 - F. SECB IPAWS Committee – Morrissey
 - G. Minnesota Sheriff's Association PSAP Subcommittee Report – Susan Bowler
 - H. MESB 9-1-1 Report (attached) – Rohret
7. **New Business** - None
8. **Adjourn**

**Metropolitan Emergency Services Board
9-1-1 Technical Operations Committee
Meeting Minutes
July 17, 2025**

Committee Members Attendance:

Airport – Sara Boucher-Jackson
Allina EMS – Victoria Vadnais
Anoka County – Kari Morrissey
Bloomington – LaVae Robinson
Carver County – Susan Bowler
Chisago County – Mike Parker
Dakota County – Brent Anderson
Eden Prairie – **absent**
Edina – Janelle Harris
Hennepin – Tony Martin
Hennepin EMS – Dan Klawitter

Isanti County – Robert Shogren
M Health EMS – **absent**
Metro Transit – **absent**
Minneapolis – Joni Hodne
North Memorial – **absent**
Ramsey County – Dan Palmer
Ridgeview EMS – **absent**
Scott County – Carrie Bauer
Sherburne County – Laura Anderson
St. Louis Park – Eric Lammle
U of M – Joe McCollow
Washington County – Darlene Pankonie

Alternates/Guests: Marv Bachmeier, *Code4Group*; Kelley Callahan, *Independent Emergency Services*; Laura Espy, *RCECC*; Chad Gappa, *Motorola*; Scott Haas, *Scott County*; Frank Jarman, *Motorola*; Kevin McNallan, *ACECC*; Mike Mihelich, *Ramsey County*; Shannah Mulvihill, *9-8-8 Lifeline Center*; Sara Petersen, *Minneapolis*; Lauren Petersen, *MSP Airport ECC*; Kelsey Scott, *MDH*; Sheri Stevens, *Minnesota State Patrol*; Steve Tait, *ECN*; Dave Taylor, *IES*; and Kent Wilkening, *ECN*.

MESB Staff: Elizabth Clausen; Greg Hayes; Pamela Oslin; and Jill Rohret.

1. Call to Order

The meeting was called to order at 9:02 a.m. Neither the Chair nor Vice Chair were present.

Motion made by Robert Shogren, seconded by Victoria Vadnais to appoint Susan Bowler as the temporary chair until the Chair or Vice Chair arrives. Motion carried.

2. Approval of Agenda

Jill Rohret said that agenda item '6C: Safer Streets for All Grant Update/Match Requirement', and '6E: Mental Health Call Processing Standard' will be moved to the beginning of the discussion items. Discussion item titled '6I: Open Meeting Law Update' is added to the agenda.

Motion made by Tony Martin, seconded by Carrie Bauer to approve the July 2025 9-1-1 TOC meeting agenda as amended. Motion carried.

3. Approval of April 17, 2025 Minutes

Motion made by Martin, seconded by Bauer to approve the April 17, 2025 9-1-1 TOC meeting minutes. Motion carried.

4. 9-1-1/9-8-8 Presentation

Kelsey Scott of the Minnesota Department of Health, and Shannah Mulvihill of the 9-8-8 Lifeline Center gave a presentation on 9-1-1 & 9-8-8.

5. Action Items

A. Appointment of Representative to SECB 2026-2030 Strategic Planning

Rohret said the 9-1-1 TOC needs to appoint a representative to the SECB 2026-2030 strategic planning committee to represent the interests of the metro region PSAPs. The first meeting is on July 28, 2025.

Sara Boucher-Jackson said she is interested in the appointment.

Motion made by Martin, seconded by Kari Morrissey, to appoint Sara Boucher-Jackson as the representative to the SECB 2026-2030 strategic planning. Motion carried.

6. Discussion Items

A. Safer Streets for All Grant Update/Match Requirement

Martin said Hennepin County applied on behalf of the metro region PSAPs for the Safer Streets for All grant. Hennepin County uses CentralSquare TELLUS; additional PSAPs can be added onto the system. The grant is an opportunity to get CAD-to-CAD interoperability across the region. The grant-stated a 20% non-federal match is required, which will be covered by the MESB on behalf of the metro PSAPs. If awarded, Hennepin County will pursue a full-time Central Square employee dedicated to the implementation process.

Rohret said the MESB Board fully supports the opportunity and sees CAD-to-CAD as a priority.

B. Mental Health Call Processing Standard

Martin said the NG9-1-1 committee will distribute the new mental health call processing standard to all relevant parties. Martin asked the members of the 9-1-1 TOC to review and be prepared to provide feedback on the document at the next 9-1-1 TOC meeting.

C. Review/Feedback for SECB NG9-1-1 GIS Data Schemas & GIS Edge Matching Process Match/Success Rate Guidelines

Janelle Harris said the SECB NG9-1-1 GIS data schemas and GIS edge matching process match/success rate guidelines are well vetted and ready to be distributed. Harris asked members of the 9-1-1 TOC to review and provide any necessary feedback on the documents. The documents will be submitted for final approval at the upcoming NG9-1-1 meeting.

Pamela Oslin asked if Harris could forward the data schemas chart as it wasn't attached to the provided document.

Darlene Pankonie asked Oslin if she approves of the submitted documents.

Oslin said she supports the documents.

D. Review/Feedback for SECB NG9-1-1 Committee: After Action Report 9-1-1 Network Service Disruption Reporting Form

Harris said the SECB NG9-1-1 committee is looking for feedback on the 9-1-1 network service disruption reporting form. Harris asked members of the 9-1-1 TOC to review and provide any necessary feedback on the document.

Pankonie asked if they are to fill out the form when notified of a possible outage from a vendor, or when experiencing an actual active outage.

Harris said the form is to be used when experiencing an outage.

Pankonie said the use of broader language, like “PSAP Service Disruption”, can create a more all encompassing document.

Martin said the addition of a non-emergency service line section, along with a checked box stating if a disruption notification was sent by the vendor helps create more impactful data points.

E. Indoor School Mapping Update

Rohret said the MESB received notification that the regions have been awarded \$6.78 million for indoor school mapping. On July 7, the MESB issued an RFP for services which will close on August 1, 2025, and responses will be evaluated throughout August. The RFP will be awarded in September 2025.

F. Regional COOP Update

Greg Hayes said the workgroup met and has created a regional COOP plan draft. The first draft is in the meeting materials/packet. Hayes asked the 9-1-1 TOC members to review the draft and provide feedback. After receiving feedback, Hayes will present a more detailed draft at a future 9-1-1 TOC meeting.

G. Outage Alert Notifications

Pankonie asked the 9-1-1 TOC how the increasingly irrelevant outage alert notifications should be addressed with the SECB. Most outage alert notifications don't impact every PSAP, and with the numbers continually increasing, it is an overload of information.

Rohret said she continues to reach out to the FCC and communications service providers.

H. ECN Update

Kent Wilkening said MnGEO staff have been embedded into the ECN office and continue to improve their partnership and information sharing practices. ECN compliance reviews will occur early in the fall.

I. Open Meeting Law Update

Rohret said there have been changes to the Minnesota Open Meeting Law. Effective August 1, 2025, the Open Meeting Law allows hybrid meetings. If attending online, the camera must be on while speaking, Robert's Rules of Order must be followed, and all voting will be done in the form of a roll call vote. The MESB policy passed in the July 2025 board meeting. A member may attend meetings virtually up to 25% of the time. Rohret will email the 9-1-1 TOC an updated policy.

7. Reports

Due to the constraints of time, the July 2025 9-1-1 TOC meeting agenda reports were skipped.

8. New Business – CLOSED MEETING to Discuss Security Information Under Minnesota Statutes Section 13D.05, Subdivision 3, Subsection (d)

A. Lumen Portal Training

Members of the 9-1-1 TOC, in a closed section of the meeting, received Lumen Portal Training.

Motion made by Robert Shogren, seconded by Susan Bowler to reopen the July 2025 9-1-1 TOC meeting. Motion carried.

B. PST Workgroup

Pankonie said a workgroup was created to discuss and advance pension talks for 9-1-1 Public Safety Telecommunicators. The workgroup will work with Minnesota Legislators in advancing pension efforts.

9. Adjourn

The meeting was adjourned at 12:08 p.m.

Draft

STATEWIDE EMERGENCY COMMUNICATIONS BOARD

9-1-1 Best Approach Guide to Mental Health or Crisis Referrals

Purpose

To define Public Safety Answering Point (PSAP) responsibilities for compliance with Minnesota Statute 403.03, sub 1 (b), 911 Services to Be Provided, which directs the 9-1-1 system to include a referral to mental health crisis teams, where available.

All MN PSAP's have different staffing, operations, resources, and technology considerations and platforms which makes it difficult to introduce a policy or procedure that all PSAPs must follow; rather this best practice guide will assist PSAPs with creating an individualized procedure for their PSAP with known local, regional, or statewide resources available in their area to support their ability to follow this statutory requirement.

Considerations

The following are areas that individual PSAPs should consider when creating their own procedure related to mental health calls for service:

- PSAP Administration
 - Identify and coordinate with the local mental health crisis group(s), that currently collaborates or contracts with the agencies served by the PSAP, to understand what types of resources are available in the area served along with what days or times those resources are available.
 - When working with mobile mental health crisis groups (stand-alone or co-responder) determine certification and training requirements based on access levels (i.e., CPR certified, ARMER, CJIS, etc.) and if they will carry any specialized equipment (Narcan, AED) or supplies (clothing or food for transient welfare checks), this knowledge will support the 9-1-1 Telecommunicators ability to best understand the scope of the team's ability and aide with determining when to refer an event to mobile mental health responders.
 - On-going communication and coordination between EMS/Police/Fire
- Metrics
 - Each agency may maintain data/statistics relative to mental health crisis calls for service that could include volume of calls, transfers, talk time, percentage of calls where mental health crisis teams responded alone or with a public safety partner, time spent on scene, dispositions etc. At a minimum, collecting the number of transfers would be helpful.
 - Location or method where your data is recorded (CAD, Problem Nature Code, Comments, Specific Field, RMS, etc.) and is this information/data easily accessible or retrieved from your systems.
- 9-1-1 Telecommunicator should consider the following when taking calls:
 - Concern urgency (risk of harm, in progress, direct threat, indirect threat, concerned, etc.)
 - 1st party call (on behalf of themselves) vs 2nd party call (on behalf of another person)
 - Behavior (threat to themselves or others, concern)
 - Weapons (possession or availability)
 - Violent or combative (currently or known to be)
 - Substance use (illegal, prescription, or over-the-counter drugs or narcotics; alcohol)
 - Caller requesting general mental health assistance
 - Criminal activity
 - Medical emergency

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Considerations (Cont.)

- Types of Crises
 - Mood disturbance (e.g., Depression, mood swings, withdrawn, agitation, out of control behavior).
 - Suicide Ideation
 - Self-harm
 - Anxiety/Panic
 - Psychotic or Delusional
 - Substance Abuse
- Problem Nature Code Examples
 - Every agency would need to determine which problem nature codes or types of calls they would consider to be a mental health crisis call to refer. Because there is not a one size fits all, all nature codes could have circumstances that dictate who would or would not respond. This list is only examples.
 - Mental/Behavioral Health, Person in Crisis, Abnormal Behavior
 - Substance Abuse
 - Welfare Check
 - Indecent Exposure
 - Panhandling, Soliciting, Loitering, Transient, Homelessness concerns

Definitions

- 9-1-1 System: designated universal emergency number to request emergency assistance. It is intended as a nationwide telephone number for access to a Public Safety Answering Point (PSAP) that must include police, firefighting, and emergency medical and ambulance services.
 - System where such services are available within a 9-1-1 service area, the 9-1-1 system must include the following services:
 - Police services, which includes police, Sheriff's departments, and state patrol
 - Firefighting services; and
 - Emergency medical service, which includes ambulance service and first aid or other immediate response service provided directly from the caller.
 - Other public safety services may be included in the 9-1-1 system at the discretion of the public agency operating the PSAP. (MN Administrative Rules 7580.0500, subp.2)
- Referral: an act of referring someone or something for consultation, review, or further action (immediate or past action)
- Mental Health: a person's condition with regard to their psychological and emotional well-being
- Mental Illness: including but not limited to, depressive disorders, bipolar disorder, post-traumatic stress disorder, and anxiety disorders.
- Crisis Team: A mental health crisis team assesses the crisis, assists the recipient in coping with the crisis and follows up with the person to assure that they receive longer-term support and services as needed (public or private)
- Where Available: at, in, or to which something is present or ready for immediate use
- Mental Health Emergency: A mental health emergency is a life-threatening situation in which an individual is threatening immediate harm to self or others, is severely disoriented or out of touch with reality, or is otherwise out of control.
- Telecommunicator = (911 PST, PST, TC,)

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Call Processing

For Sample procedures of the following, please see the appendixes

- PSAP has mental health crisis team available (or other resources) with no immediate threat
 - After call taking is, or almost complete and there are no signs of a threat, weapon, danger, or harm to themselves or others; you may offer the caller the opportunity to be transferred to a mental health crisis team telephone line in lieu of a law enforcement, fire, or EMS response
 - Answer is YES:
 - Transfer caller to mental health crisis team (acceptance of call must be confirmed either with warm transfer or providing caller information to the mental health crisis team).
 - Options Avail:
 - 988
 - Mobile Crisis Team (usually Phone first, able to respond if needed)
 - They will call back if LE Response is needed
 - Appropriate Response Team
 - Document in CAD
 -
 - Answer is NO:
 - 911 Telecommunicator shall dispatch appropriate available public safety responders based on protocols (Police, Fire, EMS, Co-Responders, Alternative Response, etc.)
 - Document in the call for service that the caller declined the referral offered.
- PSAP does **not** have mental health crisis team available for referral or on duty:
 - 911 Telecommunicator shall ask all pertinent and related questions related to the type of call.
 - 911 Telecommunicator should obtain as much information as possible, including contact information for the subject.
 - 911 Telecommunicator shall dispatch appropriate available public safety responders based on protocols (Police, Fire, EMS, Co-Responders, Alternative Response, etc.)
 - PSAP should establish a process for either the PSAP, Law Enforcement, Fire Department, or EMS agency to provide caller/contact information for the subject related to the mental health crisis to your identified mental health crisis team.
 - Examples:
 - PSAP Automatically sends referral call information from CAD to crisis group
 - Law Enforcement forwards CAD event or RMS report to crisis group
- PSAP has mental health crisis team available with an immediate threat to the subject:
 - 911 Telecommunicator shall ask all pertinent and related questions related to the type of call.
 - 911 Telecommunicator should obtain as much information as possible, including contact information for the subject.
 - 911 Telecommunicator shall dispatch appropriate available public safety responders based on protocols (Police, Fire, EMS, Co-Responders, Alternative Response, etc.)
 - PSAP should establish a process for either the PSAP, Law Enforcement, Fire Department, or EMS agency to provide caller/contact information for the subject related to the mental health crisis to your identified mental health crisis team.

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General Information

- Liability - Consult with your legal counsel for their interpretation of your procedure.
 - Liability exemption
 - Voice Logging Considerations
 - If a call is transferred, consider the legal aspect to the mental health information being recorded. The recording and transcript could be classified as private based on MSS 13.82, subd.17, (f).
 - Have a conversation with the mental health providers you work with on when the call should end/how long to stay on the phone.
 - Caution Notes/Programs
 - Caution or information notes/alerts to individuals or addresses within your CAD or computer systems can assist with call handling recommendations or responder awareness. Be aware that depending on where the information came from or how it is classified falls under MN chapter 13, data practices.
 - Your PSAP should have a practice to review caution/alerts based on your agencies schedule to verify the information is still active.
 - Emergencyprofile.org – RapidSOS
 - Free emergency profile can be created and displayed through RapidSOS if a call is made from phone number associated with account.
 - iPhone/Android Phone Health Profiles
 - Create Medical ID profile on phone, shared with 911 through Rapid SOS or RapidDeploy
 - Autism & Mental Health Flags on Driver's License within MN and other states
 - There is no legal requirement for individuals to have these added to their state identification. Individuals have the choice to have them added if they would like these shown. This is meant as situational awareness, a flag can be aired. Having this is an opt in, and users sign a Tennessee warning allowing this information to be shared.
 - Civil Commitment Query in Portals/State System
 - Message key QCC is a message key located in the person files within Portals. The Query Civil Commitment, or QCC, query searches for civil cases regarding findings on mentally ill, developmentally disabled, chemically dependent, sexually dangerous, and psychopathic personality.
 - Criminal Justice Information (CJI)
 - Security Awareness Training – Make sure your PSAP is following CJIS security policy and training requirements
 - What Data can be forwarded to agencies, contact your legal counsel.
 - Data maintained by PSAP's, and Law Enforcement is governed by MN data practice laws Chapter 13. Not all information can be shared to public entities. (Think about when setting up 3rd party groups)
- Secondary PSAPs including Tribal PSAPs (including 10-digit lines)
 - No matter the telephone line that a crisis call comes in on, it should be treated the same as a 9-1-1. Should a Secondary/Tribal PSAP receive a mental health call, follow your protocols for response and communicate and coordinate with primary PSAP on response.
- Exigent Circumstance Requests
 - MN State Statute 626.085 (Search Warrant Required for Electronic Communication Information) requires government entities that request disclosure of electronic communication information (location, subscriber info, etc.) to obtain a search warrant unless there are exigent circumstances that exist where there is a danger to life or physical safety of an individual. Subdivision 3 of this statute requires the government entity to provide notice to the subject that electronic communication was accessed within 90 days. PSAP's may want to consult with legal counsel with compliance depending on the circumstances.

STATEWIDE EMERGENCY COMMUNICATIONS BOARD

9-1-1/Public Safety Resources

The following is a list of different initiatives or resources being used around the state. Considerations or programs are not used everywhere, only listing different types of services that could be.

- Mental Health Crisis Team
 - Local/Tribal/County/Regional Crisis Team or Line
 - 9-8-8 National Suicide Hotline
- Mobile Crisis Team
- Co-Responder (Co-Response) (Collaborative Response) Option (licensed clinician and licensed officer, etc.)
- Embedded Social Workers
 - Within Law Enforcement Departments
 - Within PSAPs
- Alternative/Appropriate Responses
- 2-1-1 Call Center (2-1-1 call centers are staffed 24/7 by trained Community Resource Specialists who quickly assess needs and refer callers to the help that they seek)

Community Resources/Pre-9-1-1 Options

The following are not all inclusive due to availability in different areas within the state.

- SAMHSA (Substance Abuse and Mental Health Services Administration) Treatment Locator:
<https://findtreatment.samhsa.gov/>
 - This is a comprehensive resource that has a variety of services available throughout the state, some of which are:
 - Mental Health Crisis Lines
 - Tribal Nation Crisis Lines
 - Veterans Crisis Line
 - Behavioral Health Centers
 - Inpatient & Residential Services
- 9-8-8 (National Suicide Hotline)
 - Minnesota 9-8-8 Centers
 - First Call Itasca County (2-1-1 Center)
 - Twin Cities United Way (2-1-1 Center)
 - FirstLink (2-1-1 Center)
 - Carver County Health and Human Services
 - Mental Health MN
- MN Crisis Number **CRISIS (**274747)
 - Mobile Crisis Teams (34 Team's within MN)
 - Reimbursement through MEDICARE

Additional Information

- This document is current as of the date of approved. This document is intended to be a fluid document with on-going review and updates.

STATEWIDE EMERGENCY COMMUNICATIONS BOARD

APPENDIX's

- Sample Blank Protocol Doc for PSAPs to use:
- Sample Protocols from PSAPs
- 988/911 Dictionary of Terms

Next meeting review NENA 911/988 Standard

DRAFT

988 911 Dictionary of Terms

DEVELOPED FOR USE BY THE MINNESOTA 988-911 WORKGROUP

The Minnesota 988 and 911 Workgroup works to build relationships and trust and to create shared understanding between these two major components of the Minnesota Crisis Care Continuum. This dictionary is intended to give both entities shared language to use when discussing crisis care to better integrate the crisis continuum.

Terms with one definition

211 - 211 is a three-digit number for information and referrals to social services and other assistance. Most calls, web chats, and text messages are from people looking for help meeting basic needs like housing, food, transportation, and health care. Typically, organizations like the United Way or local crisis centers operate 211 services. 211.org

911 - Designated universal emergency number to request emergency assistance. It is intended as a nationwide telephone number for access to a Public Safety Answering Point (PSAP) that must include police, firefighting, and emergency medical and ambulance services. 911 can be reached via phone call or text.

National Emergency Number Association (**NENA**) **Knowledge Base definition** - 911 is a three-digit telephone number to facilitate the reporting of an emergency requiring response by a public safety agency.

911 System - System where such services are available within a 911 service area. The 911 system must include the following services:

- Police services, which includes police, sheriff's departments, and state patrol
- Firefighting services
- Emergency medical service, which includes ambulance service and first aid or other immediate response service provided directly for the caller
- Other public safety services may be included in the 911 system at the discretion of the public agency operating the PSAP. (Minnesota Administrative Rules 7580.0500, subp.2) (Source: Statewide Emergency Communications Board Best Approach Guide)

911/Public Safety Telecommunicator (PST) - "Public Safety Telecommunicator" or PST means a person who is employed by a primary or secondary public safety answering point that serves as a first responder by receiving, assessing, or processing requests for assistance from the public and other public safety partners, and coordinates the appropriate public safety response. Public safety telecommunicator includes persons who supervise public safety telecommunicators.

988 Administrator - The administrator of the national 988 Suicide and Crisis Lifeline maintained by the Assistant Secretary for Mental Health and Substance Use under section 520E-3 of the Public Health Service Act. [Minn. Laws ch. 70, art. 4, § 57, May 24, 2023; to be codified as Minn. Stat. § 145.561 \(https://www.revisor.mn.gov/laws/2023/0/70/laws.4.57.0#laws.4.57.0\)](https://www.revisor.mn.gov/laws/2023/0/70/laws.4.57.0#laws.4.57.0)

988 - The three-digit dialing code designated as the universal telephone number within the United States for the purpose of the national suicide prevention and mental health crisis hotline system operating through the 988 Suicide and Crisis Lifeline, or its successor, maintained by the Assistant Secretary for Mental Health and Substance Use under section 520E-3 of the Public Health Service Act (United States Code, title 42, sections 290bb-36c) [Minn. Laws ch. 70, art. 4, § 57, May 24, 2023; to be codified as Minn. Stat. § 145.561](#) (<https://www.revisor.mn.gov/statutes/cite/145.561>)

988 Contact - A communication with the 988 Suicide and Crisis Lifeline system within the United States via modalities offered including call, chat, or text. [Minn. Laws ch. 70, art. 4, § 57, May 24, 2023; to be codified as Minn. Stat. § 145.561](#) (<https://www.revisor.mn.gov/laws/2023/0/70/laws.4.57.0#laws.4.57.0>)

988 Lifeline Center - A state-identified center that is a member of the 988 Suicide & Crisis Lifeline network that responds to statewide or regional 988 contacts. [Minn. Laws ch. 70, art. 4, § 57, May 24, 2023; to be codified as Minn. Stat. § 145.561](#) (<https://www.revisor.mn.gov/laws/2023/0/70/laws.4.57.0#laws.4.57.0>)

988 Suicide & Crisis Lifeline (988 Lifeline) - A national network of local crisis centers maintained by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) that provides free and confidential emotional support to people in suicidal crisis or emotional distress twenty-four hours a day, seven days a week via calls, text, or chat.

Abusive Callers - Harassing callers, sexually motivated callers, prank calls, phishing or spoofing calls, swatting calls, and any calls where callers are verbally abusive, yelling, and/or cursing at the 988 Lifeline specialist particularly when validation and de-escalation techniques are not effective. (Source: Vibrant)

Active Engagement - Intentional behaviors undertaken by 988 Lifeline specialists to effectively establish a connection with the person seeking support from the 988 Lifeline. “Engagement” refers to the building of an alliance that facilitates connection and makes it possible to collaborate with, and empower, the person to secure their own safety, or the safety of the person they are reaching out about. The word “active” reinforces the need to focus on engagement in phone- or text-based crisis counseling, consciously and intentionally. Active engagement is necessary for both a comprehensive accurate assessment of a person’s suicide risk/safety and for collaborating on a plan to maintain their safety. (Source: Vibrant)

Answered Call/Chat/Text - Contacts that are answered by a trained 988 specialist or a Public Safety Telecommuter.

Assess Immediate Safety - The requirement to assess immediate safety refers to asking 988 contacts about suicide early in the interaction to determine if it is safe to continue assessment and referral. It is recommended that persons are asked about suicide early in the conversation, i.e., within roughly the first five minutes of the contact. (Source: Vibrant)

Attempt in Progress - Any action that a person has already taken with the purpose of killing themselves OR that has the potential effect of causing lethal self-harm. [In many circumstances an attempt in progress is clear (e.g., a person discloses that they have already taken pills that

they believe could kill them); in other circumstances it may be more complex and judgment on the part of 988 Lifeline Center staff is necessary before any emergency service intervention is initiated, particularly if that intervention is involuntary. A person may be at imminent risk and have “taken action” towards suicide (e.g., is sitting on the ledge of a building, holding a gun, standing on a bridge) but an opportunity exists to reduce that risk. As in all cases where imminent risk is present, 988 Lifeline Center staff must actively engage in increasing immediate safety before any emergency service intervention is initiated. (Source: Vibrant)

Average Talk Time - The average amount of time spent by a 988 specialist directly engaging with a caller. (Source: Vibrant)

Best Practice - Activities or programs that are in keeping with the best available evidence regarding what is effective. (Source: MDH)

Clinical Trainee - Clinical trainee qualifications. (a) A clinical trainee is a staff person who: (1) is enrolled in an accredited graduate program of study to prepare the staff person for independent licensure as a mental health professional and who is participating in a practicum or internship with the license holder through the person’s graduate program; or (2) has completed an accredited graduate program of study to prepare the staff person for independent licensure as a mental health professional and who is in compliance with the requirements of the applicable health-related licensing board, including requirements for supervised practice. Full qualifications and scope of practice is available in [MN statute 245I.04 Subd. 6 and 7 \(https://www.revisor.mn.gov/statutes/cite/245I/full#stat.245I.04.6\)](https://www.revisor.mn.gov/statutes/cite/245I/full#stat.245I.04.6).

Cold Transfer AKA Blind Transfer - Occurs when the caller is transferred to another agent without a receptionist or live agent providing an introduction and/or basic information. (Source: NENA)

Confidentiality - The principle in medical ethics that the information a patient or client reveals to a health care provider is private and has limits on how and when it can be disclosed to a third party. (Source: Vibrant)

Caller/Contact - A person who reaches out to 988 or 911 via telephone. Caller can be used interchangeably with “contact” depending on context. Also: An umbrella term for people reaching out to a 988 Lifeline via call, text, chat or other modality. (Source: Vibrant)

Coverage - The geographic area (which can be designated by county, area code, and/or zip code) served and the hours of operation during which a 988 Lifeline Center answers calls. A Lifeline Center providing primary coverage to a certain geographic area will be the first center to which calls from that area are routed to. If the center providing primary coverage does not answer the call within the Lifeline’s specified time threshold, the call is then routed to a center providing backup coverage for that area. (Source: Vibrant)

Crisis Care Continuum - Crisis care consists of both preventative factors and methods of intervention as well as providing support and resources. The continuum includes wellness, health promotion, and prevention in addition to early intervention, treatment, recovery supports, and crisis response. A person enters the crisis care continuum with their first contact

with an entry point. There are multiple entry points including but not limited to 988, 911, crisis lines, mobile crisis services, Certified Community Behavioral Health Clinics, and warmlines.

Crisis Treatment Plan (Mobile Crisis) - A plan, developed with the service recipient, that identifies initial treatment goals, measurable treatment objectives, and specific interventions that the mobile crisis team will use to help the recipient engage in treatment. It is based on the recipient's crisis assessment, considers previous affective strategies, is person-centered, culturally appropriate, and includes documentation of referrals and scheduling with other service providers, as appropriate. (Source: [MN DHS Statute \(https://www.revisor.mn.gov/statutes/cite/256B.0624#stat.256B.0624.11\)](https://www.revisor.mn.gov/statutes/cite/256B.0624#stat.256B.0624.11))

Current Thoughts of Suicide - When someone has experienced thoughts of killing themselves within the last 24 hours, including at the time of the interaction with 988 Lifeline counselor. (Source: Vibrant)

De-escalation Techniques - A combination of strategies, techniques, and methods intended to reduce a contact's immediate emotional distress.

Early Intervention - Recognizing the warning signs of a mental health or substance use challenge and acting before it gets worse. (Source: MDH)

Emotional distress - A state of mental suffering or anguish that may include stress, anxiety, depression, anger, and fear. (Source: Vibrant)

Emotional Support - Using active listening skills and collaborative problem solving to provide support to persons experiencing emotional distress. (Source: Vibrant)

Equity - Fairness or justice in the way people are treated. (Source: MDH)

Evidence-Based - Programs that have undergone scientific evaluation and have proven to be effective. (Source: MDH)

Exigent Circumstances - Situations where immediate action by emergency services is necessary due to circumstances that exist where there is a danger to life or physical safety of a person.

Familiar Callers - Persons who contact the 988 Lifeline 30 or more times per month. They may simply require brief daily support, or they may be experiencing an ongoing crisis situation that increases the intensity of their contacts for a specific period of time. (Source: Vibrant)

FastTrackerMN - Website that is a behavioral health search tool that gives Minnesotans access to real time information and availability. It improves connections for people and collaboration for systems. <https://fasttrackermn.org/>

Follow-Up with Referrals from Community Partners – Emergency Departments, inpatient facilities, law enforcement agencies and other community partners can obtain consent from people they encounter who need additional resources or crisis support to send crisis centers their contact information for follow-up services. These follow-up calls can be scheduled by the partner making the referral or they can simply assure the person that someone from the 988 center will follow-up with them to check in about how they are doing within 24 to 72 hours. (Source: Vibrant)

Follow-Up Calls - Checking in with callers who have recently experienced a suicide crisis in order to assess their well-being and safety and to provide emotional support. Follow-up is usually done by telephone and typically occurs between 24 and 48 hours after the initial contact. While the calls can be tailored to individual needs, they are generally brief and structured, with a focus on continued assessment of the caller's safety. (Source: Vibrant)

Frequent Caller - People who contact the 988 Lifeline 50 or more times per month. These contacts are high frequency, but not abusive. (Source: Vibrant)

Geolocation - Automated location information, would include the precise location in the transferred call data, so that emergency responders could know where to go in case of an emergency. (Source: SAMHSA)

Geo-routing - A way of directing phone calls locally without including the precise location information in the transferred call data. If used, it would mean that when a person calls the 988 Lifeline, their call would be connected to a 988 Lifeline Center near their physical location. With geo-routing, the routing and service providers would not receive detailed information about the exact locations of callers. (Source: SAMHSA)

Information and Referral Calls (I&R) - Calls in which the primary purpose is providing non-crisis referral information (e.g., housing or transportation assistance, disaster response, food insecurity) to connect people with resources in their community. Crisis calls can also have an I&R component. (Source: Vibrant)

Intervention - Action taken by a 988 Lifeline specialist or collaboratively developed with a Lifeline caller to increase their safety and decrease their risk of suicide. (Source: Vibrant)

Involuntary Emergency Service Intervention - Action undertaken by 988 Lifeline Center staff that is intended to address imminent risk of suicide and assure the safety of a person at imminent risk in which the person has not agreed (or is medically unable to agree) to the intervention. This specifically refers to actions taken when a person is unwilling or unable to collaborate on securing their own safety and crisis center staff believe that, without this intervention, the person is likely to sustain a life-threatening injury or there is an attempt in progress (see definition below). 988 Lifeline Center staff should clearly document efforts to engage the person in collaborating on a plan for safety before any involuntary intervention is initiated. (Source: Vibrant) ITU-T.140 - Defines a protocol for text conversation, also known as real-time text NENA

Least Invasive Intervention - This refers to the use of approaches that emphasize collaboration over coercion with contacts at imminent risk, with the use of involuntary methods as a last resort. Through actively engaging the person, 988 Lifeline Center staff must seek to collaborate with the person and include the person's wishes, plans, needs, and capacities towards acting on their own behalf to reduce their risk of suicide, wherever possible. Lifeline Center staff must consider all available alternative resources before requesting the dispatch of emergency services. (Source: Vibrant)

Means Restriction - Techniques, policies, and procedures designed to reduce access or availability to means and methods of deliberate self-harm. (Source: Vibrant)

Means - The instrument or object whereby a self-destructive act is carried out (i.e., firearm, poison, medication). (Source: MDH)

Mental Health Provider - A provider who offers services for the purpose of improving a person's mental health or to treat a mental health disorder. Providers can be located within an organization or work on an individual level. Mental Health Provider can serve as an umbrella term for the terms below.

Mental Health Practitioner - A qualified person who is providing mental health services under the supervision of a mental health professional. The scope of services mental health practitioners in Minnesota are able to provide is limited. Full qualifications and scope of practice is available in [MN statute 245I.04 Sub. 4 and 5](#).

Mental Health Professional - A fully independently board licensed professional who has specific mental health advanced education. Common licenses in Minnesota are LICSW (Licensed Independent Clinical Social Worker), LP (Licensed Psychologist), LMFT (Licensed Marriage and Family Therapist), and LPCC (Licensed Professional Clinical Counselor). Some doctors and nurses also qualify in Minnesota as a Mental Health Professional. Scope of practice is determined by the licensing board. [MN Statue Definition available at 245I.04 Subd 2](#) (<https://www.revisor.mn.gov/statutes/cite/245I/full#stat.245I.04.2>)

Mental Health - A person's condition with regard to their psychological and emotional well-being. (SECB Best Approach Guide)

Mental Illness - Including but not limited to, depressive disorders, bipolar disorder, post-traumatic stress disorder, psychotic disorders, personality disorders and anxiety disorders. (Source: SECB Best Approach Guide)

Methods - Actions or techniques which result in a person inflicting self-harm (i.e., asphyxiation, overdose, jumping). (Source: Vibrant)

National 988 Backup Centers - High-capacity 988 Lifeline Centers that have contracted with the Lifeline to provide backup telephone coverage to the entire United States. (Source: Vibrant)

NENA - The National Emergency Number Association (NENA), also known as The 911 Association, is a non-profit professional organization focused on 911 operations, technology, education, and policy issues. (Source: NENA)

Non-Lifeline Contact Center - In addition to the 988 Lifeline / 988 network, PSAPs may also interact with other national or local crisis lines / helplines as they assist people at imminent risk of suicide or harm to others. These may include: the Crisis Text Line, the Veterans Crisis Line / Military Crisis Line, the Trevor Project, local crisis lines not affiliated with the 988 Lifeline, and national or local specialized helplines (e.g., addiction lines, gambling lines, 211 services). (Source: Vibrant)

Non-Transactional Calls - Calls that are wrong numbers, prank calls, sexually motivated calls, hang-ups, or other calls that do not involve assisting people in emotional distress. (Source: Vibrant)

Person in Crisis (PIC) - A person who is experiencing a situation or state of mind where they are unable to cope with and function effectively in their current environment. This could be due to mental health issues, emotional distress, substance abuse, or other factors that impair their ability to make rational decisions and maintain their safety or the safety of others. (Source: NENA)

PFA (Psychological First Aid) - PFA is an initial disaster response intervention with the goal to promote safety, stabilize survivors of disasters, and connect people to help and resources. PFA is delivered to affected persons by mental health professionals and other first responders. The purpose of PFA is to assess the immediate concerns and needs of a person in the aftermath of a disaster, and not to provide on-site therapy. (Source: NENA)

Primary Responder - The initial responder to a crisis event/occurrence. This looks different for every agency. The primary responder is the first responder to arrive at a scene. This could be (but isn't limited to) law enforcement, an embedded social worker, or a Mobile Crisis team.

Professional Quality of Life - Professional Quality of Life (ProQOL) is intended for any helper - health care professionals, social service workers, teachers, attorneys, emergency response, etc. Understanding the positive and negative aspects of helping those who experience trauma and suffering can improve your ability to help them and your ability to keep your own balance. (Source: NENA)

Public Health - The science and art of promoting health, preventing disease, and prolonging life through the organized efforts of society. (Source: MDH)

Public Safety Answering Point (PSAP) - A call center or emergency service dispatch desk where emergency calls initiated by any mobile or landline subscriber are terminated. Additionally, a PSAP may offer text to 911 service where Public Safety Telecommunicators (PSTs) are responding to both texts and calls. PSAPs may also be referred to as 911 Centers or Emergency Call Centers

Referral - An act of referring someone or something for consultation, review, or further action (immediate or past action) (Source: SECB Best Approach Guide)
A referral in practice will have a different definition depending on the context.

Safety Assessment - A framework requiring centers to ask all Lifeline contacts three prompt questions. If a positive response is received to any of the prompt questions, further assessment is required to assess the caller's suicidal desire, intent, and capability, and their buffers or connectedness. An update of the evidence-informed Suicide Risk Assessment Standards (SRAS) that have been used throughout the network since 2007. (Source: Vibrant)

Safety Plan - An individualized strategy to assist a person in increasing their personal safety and coping with suicidal ideation. A safety plan consists of six elements: recognizing warning signs, identifying coping skills, identifying social contacts who might distract from the crisis, contacting family members or friends who may help to resolve the crisis, contacting mental health professionals/agencies for help and making the environment safe (reducing access to lethal means). (Source: Vibrant)

SAMHSA - The Substance Abuse and Mental Health Services Administration (SAMHSA) is the federal agency that provides information, services, and research on substance use and mental disorder issues. (Source: SAMHSA)

Self-Harm - The various methods by which people injure themselves, such as self-cutting, self-battering, taking overdoses or exhibiting deliberate recklessness. (Source: Vibrant)

Social Support - Assistance that may include companionship, emotional backing, cognitive guidance, material aid and special services. (Source: Vibrant)

Substance Use Disorder - A maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to repeated use. This includes maladaptive use of legal substances and illicit drugs. (Source: Vibrant)

Suicidal Crisis - An urgent situation in which a person is actively considering or has attempted suicide. (Source: Vibrant)

Suicidal Experiences - A term that encompasses suicidal thoughts, ideation, plans, suicide attempts, and death by suicide. (Source: MDH)

Suicide Attempt Survivor - People who have survived a prior suicide attempt. (Source: MDH)

Suicide Attempt - A nonfatal act when someone harms themselves with any intent to end their life but does not die as a result of their actions. A suicide attempt may or may not result in injury. (Source: MDH)

Suicide Ideation - Self-reported thoughts of engaging in suicide-related behavior. (Source: MDH)

Suicide - A death caused by injuring oneself with the intent to die. (Source: MDH)

Swatting - Swatting is the false reporting of an emergency to public safety with the intent to get a (“SWAT team”) response to a location where no emergency exists. People engaged in swatting may contact a 988 Lifeline Center as a third-party caller and request that the Lifeline Center contact the police or emergency dispatch to respond to the situation they are reporting. (Source: Vibrant)

Third-Party Contact - This refers to conversations with a person concerned about another person in crisis. These conversations consist of the person reaching out (the third party) and the 988 Lifeline specialist. (Source: Vibrant)

Trauma-Informed Practices – An approach that shifts the frame from “what’s wrong with someone?” to instead explore “what happened to someone?” (Source: MDH)

Warm Transfer - A warm transfer occurs when one employee answers a call and then transfers the call to a different employee or location and passes on any relevant information so that the caller doesn't have to repeat themselves. (Source: NENA) A warm transfer occurs when one employee answers a contact and transfers the person to the most appropriate resource. The initial employee to interact with the contact will ensure any relevant information is passed on to the receiving organization so the contact does not have to repeat themselves.

Warning Signs - Indications that a person is at risk for suicide. (Source: MDH)

Terms with multiple definitions

Abandoned Call -

1. When a caller hangs up at any point during the routing process prior to a 988 specialist picking up the call. (Source: Vibrant)
2. An emergency call in which the caller disconnects before the call can be answered. (Source: NENA)

988 Crisis Counselor/Specialist – Staff or trained volunteers who directly engage with 988 Lifeline callers, chat visitors or texters. Centers may use different terms for the people in this role (e.g., call specialists, helpline specialists). (Source: Vibrant)

988 Lifeline Counselor - *In Minnesota, 988 Lifeline Centers uses the term “Lifeline Counselor.”

Crisis Intervention (General) - An intervention focused on minimizing stress, providing emotional support, and improving immediate coping strategies. This involves assessment, planning, and treatment, but the scope of service is much more specific. (Source: MDH)

Crisis Intervention (Mobile Crisis) - Face-to-face, short-term intensive mental health services initiated during a mental health crisis to help the recipient cope with immediate stressors, identify and utilize available resources and strengths, engage in voluntary treatment, and begin to return to the recipient's baseline level of functioning. (Source: [MN DHS Mobile Crisis Statute \(https://www.revisor.mn.gov/statutes/cite/256B.0624#stat.256B.0624.2\)](https://www.revisor.mn.gov/statutes/cite/256B.0624#stat.256B.0624.2))

Residential Crisis Stabilization - Residential crisis stabilization provides structure and support to an adult client in a community living environment when a client has experienced a mental health crisis and needs short-term services to ensure that the client can safely return to the client's home or pre-crisis living environment with additional services and supports identified in the client's crisis assessment. Minnesota facilities are required to be licensed by DHS licensing according to statute requirements and provide stabilization services, health services like administer medication (as needed), develop crisis treatment plans, make referrals, and support transition into another setting. Services are available for adults, and a similar service for children is in development. (Source: [MN DHS Statute \(https://www.revisor.mn.gov/statutes/cite/245I.23#stat.245I.23.1\)](https://www.revisor.mn.gov/statutes/cite/245I.23#stat.245I.23.1))

Crisis Stabilization (Mobile Crisis) - Individualized mental health services provided to a recipient that are designed to restore the recipient to the recipient's prior functional level. Crisis stabilization services may be provided in the recipient's home, the home of a family member or friend of the recipient, another community setting, a short-term supervised, licensed residential program, or an emergency department. Crisis stabilization services includes family psychoeducation. (Source: [MN DHS Statute \(https://www.revisor.mn.gov/statutes/cite/256B.0624#stat.256B.0624.2\)](https://www.revisor.mn.gov/statutes/cite/256B.0624#stat.256B.0624.2))

Crisis Stabilization Units (CSU) - Small inpatient facilities of less than 16 beds for people in a mental health crisis whose needs cannot be met safely in residential service settings. CSUs may be designed to admit on a voluntary or involuntary basis when the person needs a safe, secure

environment that is less restrictive than a hospital. CSUs try to stabilize the person and get them back into the community quickly. (Source: <http://www.nami.org/>, NENA)

Imminent Risk - A person is determined to be at imminent risk of suicide (“imminent risk”) if the 988 Lifeline Center staff responding to the contact believe, based on information gathered, that there is a close temporal connection (very short time frame) between the person’s current risk status and actions that could lead to their suicide. The risk must be present in the sense that it creates an obligation and immediate pressure on Lifeline Center staff to take urgent actions to reduce the person’s risk; that is, if no actions are taken, the person is likely to seriously harm or kill themselves in the very near future. Imminent risk may be determined if a person states (or is reported to have stated by a third party) both a desire and intent to die and has the capability of carrying through on this intent. (Source: Vibrant)

Lived Experience –

1. Personal knowledge about the world gained through direct, first-hand involvement in everyday events rather than through representations constructed by other people or the experiences of people on whom a social issue or combination of issues had had a direct experience. (Source: MDH)
2. A person’s experiences and choices, and the knowledge they gain from these experiences and choices. The insights of people with lived experience of a suicide attempt can be extremely valuable in prevention planning, treatment, and education. (Source: Vibrant)

Mental Health Emergency –

1. A mental health emergency is a life-threatening situation in which a person is threatening immediate harm to self or others, is severely disoriented or out of touch with reality, or is otherwise out of control. (Source: SECB Best Approach Guide)
2. Any unstable situation with an uncertain outcome in which a person’s coping capacity is temporarily overwhelmed. A crisis can be defined by the caller or the 988 specialist. (Source: Vibrant)

Mental Health Crisis - A behavioral, emotional, or psychiatric situation that, without the provision of crisis response services, would likely result in significantly reducing the recipient's levels of functioning in primary activities of daily living, in an emergency situation under section 62Q.55, or in the placement of the recipient in a more restrictive setting, including but not limited to inpatient hospitalization. (Source: [MN DHS Statute \(https://www.revisor.mn.gov/statutes/cite/256B.0624#stat.256B.0624.2\)](https://www.revisor.mn.gov/statutes/cite/256B.0624#stat.256B.0624.2))

Mobile Crisis Team - The Bureau of Justice Assistance defines a mobile crisis team as a team of mental health professionals that are on-call and available to respond to calls for service at the request of law enforcement officers. According to National Alliance on Mental Illness, mobile crisis teams intervene wherever the crisis is occurring, often working closely with the police, crisis hotlines, and hospital emergency personnel. (Source: NENA)

Crisis Team - A mental health crisis team assesses the crisis, assists the recipient in coping with the crisis, and follows up with the person to assure that they receive longer-term support and services as needed (public or private). (Source: **SECB** Best Approach Guide)

Mobile Crisis Services - Screening, assessment, intervention, and community-based stabilization, excluding residential crisis stabilization, that is provided to a recipient. (Source: [MN DHS Statute \(https://www.revisor.mn.gov/statutes/cite/256B.0624#stat.256B.0624.2\)](https://www.revisor.mn.gov/statutes/cite/256B.0624#stat.256B.0624.2))

Peer Line - A behavioral health line staffed by people with lived experience of mental health concerns, who utilize or disclose their experiences in collaborating with the contact. (Source: Vibrant)

Warmline - Warmlines provide confidential and anonymous peer support via phone, text and/or online chat to help people avoid mental health crises and the use of more intensive services such as 911 response and mobile crisis services. Warmlines are answered by staff with lived mental health experience who are trained in the provision of peer support.

Peer Support –

1. Peer Support is assistance provided by a person who shares a commonality with another person based on experience with a similar situation or event. Peer Support can take many forms, but they all serve one goal, which is to provide a direct and relatable resource to support the cognitive, emotional, and psychological wellbeing of those dealing with personal and work-related stress. The most basic form of Peer Support is found in the daily positive and supportive interactions between friends and co-workers. (Source: NENA)
2. Emotional support provided by people with lived experience with mental health concerns, who utilize or disclose their experiences in collaborating with the contact. (Source: Vibrant)

Mental Health Certified Peer Specialist - A person who has been diagnosed with a mental illness, is a current or former mental health services client, and has a certification as a mental health certified peer specialist. To get a certification as a mental health certified peer specialist the person must have successfully completed the DHS developed training. Mental health certified peer specialists can provide some mental health services, including peer support, in intensive residential treatment (IRTs), adult rehabilitative mental health services (ARHMS), mobile crisis intervention and stabilization services, and at certified community behavioral health clinics (CCBHCs) under the supervision of mental health professionals. (Source: [MN DHS Statute \(https://www.revisor.mn.gov/statutes/cite/245I/full#stat.245I.04.10\)](https://www.revisor.mn.gov/statutes/cite/245I/full#stat.245I.04.10))

Mental Health Certified Family Peer Specialist - Similar to Mental Health Certified Peer Specialists, Mental Health Certified Family Peer Specialists are adults that are raising or have raised children with mental illness, have experience navigating the children's mental health system and have a certification as a Mental Health Family Peer Specialist. To get the certification a DHS developed training must be successfully completed. (Source: [MN DHS Statute \(https://www.revisor.mn.gov/statutes/cite/245I/full#stat.245I.04.12\)](https://www.revisor.mn.gov/statutes/cite/245I/full#stat.245I.04.12))

Screening (General) - Administration of an assessment tool to identify persons in need of more in-depth evaluation or treatment. (Source: MDH)

Crisis Screening (Mobile Crisis) - Gather information, determine whether a mental health crisis situation exists, identify parties involved, and determine an appropriate response. This must include evidence-based practices to reduce risk of suicide, work with client to establish a plan and time frame for responding face-to-face, provide psychological education, consideration of other available services to determine what would best fit recipient's needs, and document significant factors in determining whether the recipient is experiencing a mental health crisis including previous crisis service requests, history of emergency department visits and 911 calls, if known, and information from third parties. (Source: [MN DHS Statute \(https://www.revisor.mn.gov/statutes/cite/256B.0624#stat.256B.0624.6\)](https://www.revisor.mn.gov/statutes/cite/256B.0624#stat.256B.0624.6))

<https://kb.nena.org/wiki/Category:Glossary>

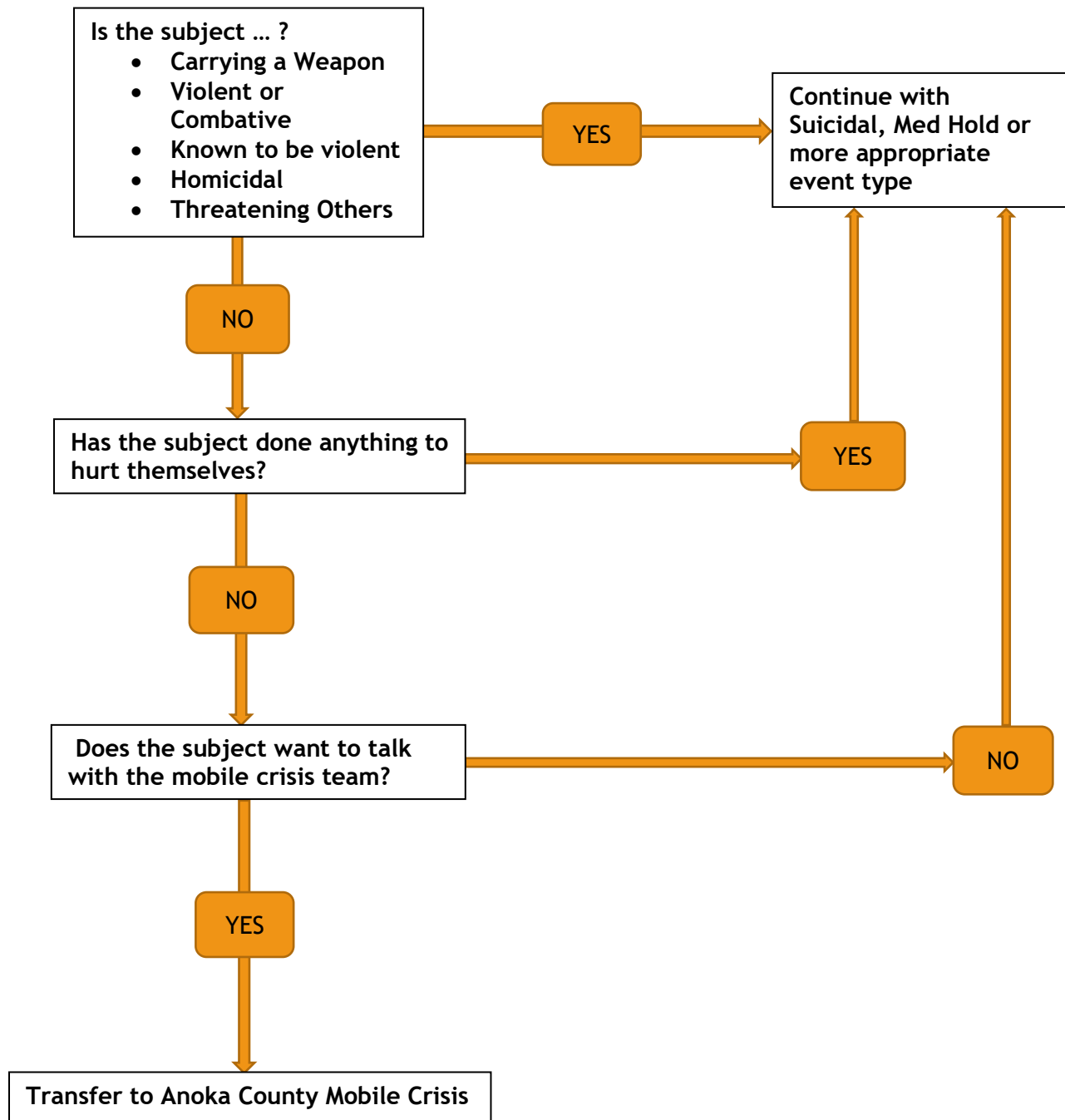
Minnesota Department of Health Suicide Prevention Unit
85 East 7th Pl, PO Box 64882
St. Paul, MN 55164-0882
health.suicideprev.mdh@state.mn.us
www.health.state.mn.us

8/7/2024

To obtain this information in a different format, call: 651-201-5400.

SUICIDAL/MENTAL HEALTH/FREQUENT MENTAL HEALTH CALLERS/CHILD BEHAVIOR ISSUES (GENERAL EVENT TYPES: SUICIDE & MED HOLD)

Follow established call taking protocol prior to using the decision tree. (where, what, caller's phone number and caller's name)



Hennepin County Sheriff's Office

Emergency Communications Center

Division Procedural Manual

PROTOCOL NAME: Mental Health Calls for Service / Alternative Response Team (ART) Dispatching	
Section Number: 400.13	Date of this Revision: 3/3/2025
Approved by: Director Tony Martin	Date of previous Revision: 10/17/2022

GENERAL INFORMATION	
Purpose/Description:	To provide guidance for processing and dispatching calls for service that involve mental health and/or a behavioral health crisis component
Responsibility:	Telecommunicators
Related Policies:	Telephone and Call Handling

PROCEDURES

- Operational Procedure** 9-1-1 TC's shall perform standard call processing procedures.
- Location
 - Determine Appropriate Problem Nature Code
 - Caller Information
 - What is occurring?
 - Who is involved (description)?
 - Additional Information:
 - Weapons
 - Is anyone violent?
 - Is anyone injured?
 - Individual's behavior or any known mental health diagnosis

Dispatching ART

- From call-taking, if there is no violence, weapons, or injuries; utilize the CAD problem nature codes of **MENTBH-BH MENTAL PROBLEM** or **WELFBH-BH WELFARE CHECK**.
- By utilizing these nature codes these will give you a unit recommendation if the city has an ART team signed in and available to respond. If they are unavailable or do not have an ART program yet, it will recommend the next available law enforcement unit(s).

Transferring to Crisis Line

If the caller is requesting general mental health assistance or is looking to just talk to someone; you may offer to the individual you can transfer them to Hennepin County COPE (Mobile Crisis) or 9-8-8. If they agree, transfer to the appropriate service, announce the call and warm transfer with any/all information you have, then document in the CAD incident where you transferred the call to and close the call out as referred.

Hennepin County Sheriff's Office

Emergency Communications Center

Division Procedural Manual

Dispatching Law Enforcement

An officer(s) must be dispatched to incidents involving:

- Individual with a weapon currently in possession
- Physical violence has or is occurring
- Life Threatening injury has occurred
- Situations involving physical intervention to secure safety
 - Example: Someone on a bridge or ledge

NOTE: If an ART unit is on-site and determines the scene is unsafe, an officer must be dispatched.

General Information

HCSO ECC, in collaboration with our partner agencies, along with public and private groups; we seek to dispatch the appropriate response that is needed for the specific type of call. Mental health calls require a specific skill set which may differ from the training of the current emergency response structure made up of police, fire, and emergency medical services.

Sending an alternative response presents an opportunity to try a new structure response to low-risk 911 calls related to mental/behavioral health, substance use, and/or low-level crime. ART units (either through Hennepin County or a private company such as Canopy Roots) will be comprised of a social worker that is paired with either another social worker, community paramedic, clinical nurse, or another trained individual. By combining these different types of responders, ART will use an integrated approach when addressing behavioral health, medical and social service needs.

ART may be asked to respond to situations in the following manner:

1. HCSO may dispatch ART in response to a call for service (Behavioral Health).
2. POLICE DEPARTMENT may, following assessment of a situation, request that HCSO dispatch ART; or
3. ART may self-initiate a response.

ART is intended to respond to incidents that can provide a person-centric mobile crisis response to community members who are experiencing problems related to mental health, depression, poverty, homelessness, and/or substance abuse issues. ART is not meant for situations involving physical violence or weapons; however, they could be asked to respond by responders or respond if their services could be used to those types of calls.

**Hennepin County Sheriff's Office
Emergency Communications Center
Division Procedural Manual**

ART Objectives **Objective 1.** Responding to low-risk 911 calls related to mental/behavioral health, substance use, and/or low-level crime as ART will assess and refer Individuals to community resources as set forth herein.

Objective 2. Decrease the number of low-risk 911 calls related to mental/behavioral health, substance use, and/or low-level crimes that have a law enforcement response.

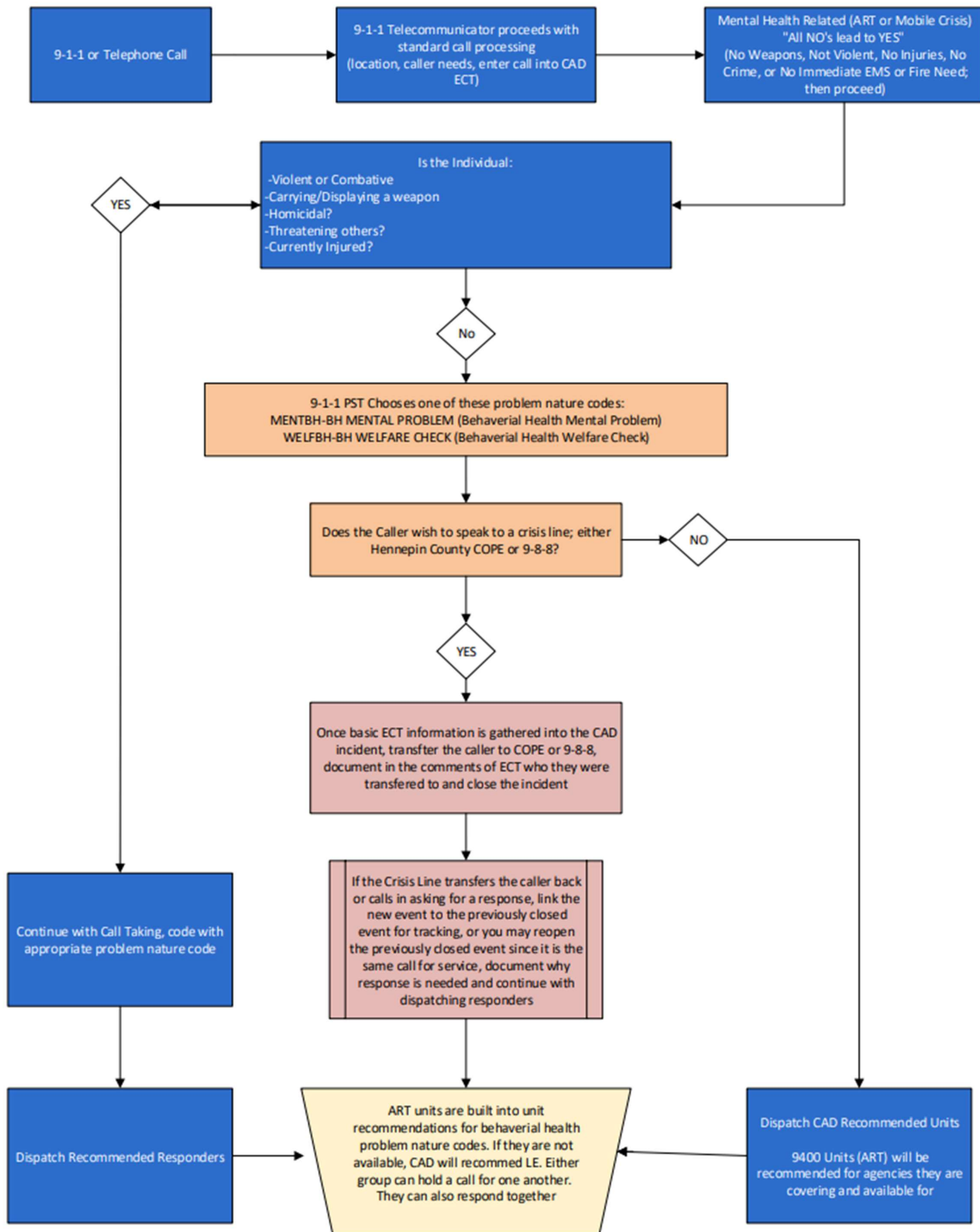
Objective 3. Reduce the need for future 911 calls for individuals served by ART.

Objective 4. Reduce the use of emergency medical services by teaching prevention strategies and promoting community stabilization.

OTHER RELATED DATA

Notes: Decision tree/flow chat on next page

Reference Items: N/A



Emergency Communications Center

Operational Policy 2470-35: Ramsey County Mental Health Referral

Applies to all employees assigned to call taking or dispatching

Refer to Operational Policies 2470-06: **Person in Crisis**; 2470-01: Ramsey County Crisis; 2470-25: Suicide in Progress Calls

Appropriate usage

- A referral to Ramsey County Mental Health may be made when the caller is requesting general mental health assistance for the caller or another person.
 - Includes calls from clinics, mental health professional offices, and similar facilities.
- Available 0800 to 2300 daily.
- The person in need of assistance
 - Is an adult. (Age 18 or over).
 - Does not have a suicide plan or means to carry out a plan.
 - ✓ Maybe suicidal without a plan or means to carry out a plan. (Often referred to as “suicidal ideations”.)
 - Has not attempted to harm him- or herself within the past 24-hours.
 - Is not believed by the caller to be a danger to the caller or any other person(s).
 - ✓ Typical problems include not taking medication and/or speaking or acting in an unusual manner without any concerns about potential danger.
- The caller is
 - Comfortable with being transferred to Mental Health.
 - Willing to have phone counseling and a potential in-person evaluation by a mental health professional rather than a police response.
 - Feels safe and comfortable waiting for a mental health response.
- No crime has been committed.

Referral process

- Advise the caller that a mental health referral by Ramsey County Mental Health is available as an alternative to a police response.
 - Initial referral is by phone with a possible response by a mental health professional.
- Determine that the caller feels safe and comfortable waiting for a potential in-person response.
- Determine the information as noted below.
- Enter a call in CAD using the problem nature **PIC**. When the transfer is completed clear the call using the disposition **MH** (mental health).
- Let the caller know the call is being transferred AND that the caller should call back on 9-1-1 if anything changes about the situation.
- Warm transfer the call, announcing to the counselor
 - Ramsey County dispatch transferring a call for a mental health concern.
 - Description of the problem, the reporting person’s name, address, and phone number, and the potential patient’s name, phone number, and location.
 - Monitor the call for a brief time to determine the parties are able to communicate with each other.

Emergency Communications Center

Operational Policy 2470-35: Ramsey County Mental Health Referral

Applies to all employees assigned to call taking or dispatching

Refer to Operational Policies 2470-06: **Person in Crisis**; 2470-01: Ramsey County Crisis; 2470-25: Suicide in Progress Calls

Obtain from the caller prior to transfer

- The behavior that is of concern (the reason for the request for assistance).
 - If suicidal, does the person have a plan and the means to carry out a plan?
- The caller's name, address, and phone number.
- The person needing assistance's name, location, and phone number.
- A description of the person.
- Are there any weapons involved? Is the caller (if a third party) concerned about weapons?
- Has the person been using drugs (illegal, prescription, or over-the-counter) or alcohol?

If Mental Health is unable to respond within a reasonable time

- The counselor will contact the ECC to request a police response.
- A call will be entered either using the method below or by creating a new incident and appending it to the old incident.
 - Note that Ramsey County Mental Health is unable to respond within the agreed upon time or a time that feels appropriate to the counselor.
 - Add any additional information the counselor provides.
 - Update the priority as needed.
- The police officers responding will determine the appropriate action to take.
- If Mental Health will have limited ability to respond for a period of time a counselor will contact the ECC supervisor and request a police-only response for the duration.

If Mental Health believes police should also respond

- The counselor will contact the ECC to request a police response.
- A call will be entered either using the method below or by creating a new incident and appending it to the old incident.
 - Note that Ramsey County Mental Health is responding and is requesting police also respond.
 - Add any additional information the counselor provides.
 - Update the priority as needed.

Creating the new incident (alternate method)

- Display the closed incident.
- Click the duplicate call button.
- Click send to queue.
- Add the new comments from the counselor.

911 Transfer of Mental Health Calls to Dakota County Crisis Response Unit- Revised

Context/Need for Referrals

Due to changing laws, (e.g. use of force law statute and Travis' Law), community interest in alternative response models, and recognition of the importance of trauma-informed practice, there is need to change the way 911 system responds to mental health crisis. Dakota County, in partnership with our public safety agencies, aims to be a leader and innovator in the system change process.

Goals/Objectives of New Referral Process: Provide Dakota County residents with effective response to mental health crisis (both via phone and in-person through our existing county crisis response process); reduce trauma; provide equitable service delivery; improve community safety; collaborate across systems; define roles; integrate public services; educate community; and empower residents by offering alternatives to enforcement as a response to 911 calls. Expected outcomes for residents:

1. Effective, safe, and trauma-informed response at the time of crisis
2. Access to services at the time of crisis and follow-up to ensure underlying issues and needs are addressed
3. Access to the right services at the right time, which could include assessment and intervention

Considerations for Implementing New Referral Process

Voluntary services. County-based social services for mental health and substance use disorders are predominantly accessed on a voluntary basis. Individuals have the right to refuse engagement with the social service delivery system under most circumstances.

Response capacity and timing. The mental health and crisis response system in Dakota County is not currently funded or staffed to provide immediate mobile response across the entire county.

Training for DCC dispatchers and CRU staff. Prior to implementation, staff will receive training on new pilot protocols to ensure understanding of roles and responsibilities.

Evolving Response from Law Enforcement to mental health calls. We understand Dakota County Law Enforcement Agencies may be directing their patrol staff to respond differently to mental health related calls. Nothing in the proposed referral process prevents law enforcement agencies from making decisions about their response protocols at any time. Law enforcement can and is encouraged to call CRU for assistance with response to mental health calls now. Law enforcement can let 911 know if they want to remove certain response protocols for their city (e.g. responding to 25-A calls with medics.)

Current Protocol

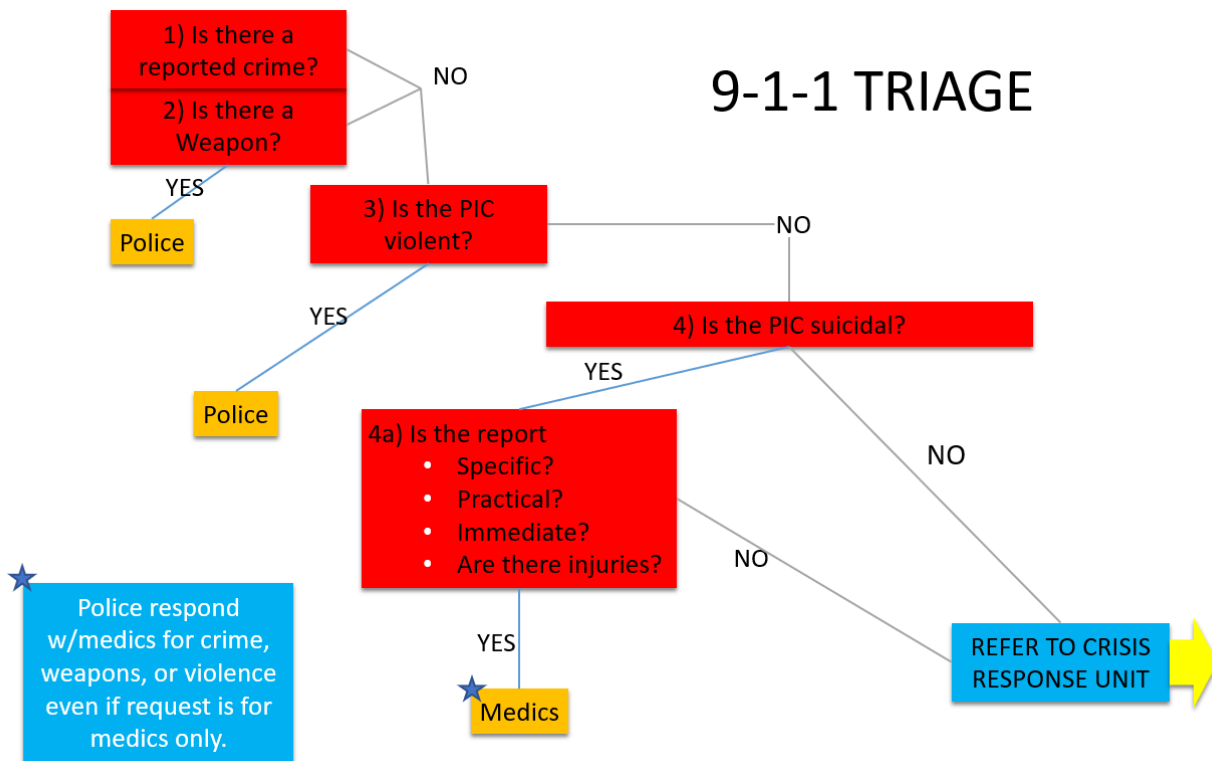
- Dispatch receives call, determines it fits the "25 Psychiatric/Abnormal Behavior/Suicide Attempt" situation.
- Dispatch follows their established protocol which currently involves dispatch of law enforcement, fire and/or medics.

- When calls are referred to LE, fire and medics, the agencies triage and determine response need, including whether they won't respond. Current response may include the agency making a referral to the Crisis Response Unit.

Proposed Pilot - New Referral Process

- Dispatch receives call, determines it fits the "25 Psychiatric/Abnormal Behavior/Suicide Attempt" situation or has reason to believe the call should be transferred to Crisis Response Unit (e.g. caller history, "gut feeling," or other context clues.
- Dispatch follows established protocol.
- Calls that meet the "25-A-1" or "25-A-2" code, that do not appear to involve a criminal offense, weapon, violence, or need medical attention, can be referred to Dakota County Crisis Response Unit (CRU) at 952-891-7171.
- If call meets criteria of "25-A-1" or "25-A-2," Dispatch will transfer call to the CRU at 952-891-7171 using the steps below:
 - Dispatch communicates directly with Crisis Response Unit Staff and provides NAME, LOCATION, CALL BACK NUMBER, and DESCRIPTION OF SITUATION
 - Dispatch *may** monitor call for a brief time to determine the parties can communicate with each other. *May not always be able to stay on for a brief time depending on call volume.
 - Dispatch will leave call "open" for 30 minutes post-transfer to Crisis Response Unit.
 - Crisis Staff will transfer back to Dispatch if additionally gathered information leads to concerns about imminent immediate risk.

Triage Visual



Contingencies

- Dispatchers will revert to previously established protocols (e.g. referring to police or EMS) if Crisis Response Unit does not answer the phone or the call transfers to CRU VM. Dispatcher will enter a CAD comment if they are unable to transfer call to CRU. Dispatch will use standard CAD language to aid with searchability. Roll backs to 911 from VM will be noted in referral note for the purpose of tracking how often this occurs.
- The Crisis Response Unit phone system periodically goes down without warning. If the phone line rings excessively (typically 8+ times) with no pick-up or going to voicemail, the phones are likely down. Dispatch will email CRU at CRU@co.dakota.mn.us to notify of the issue.

Crisis Response Unit (CRU) Process

- CRU staff will utilize existing triage process to determine "best response." which will often include a "phone call only" response but may also include a mobile response under some circumstances.
- A mobile response will be provided within 30-60 minutes (depending on location) If
 - caller requests a mobile response from the Crisis Response Unit; and
 - staffing resources are available; and
 - the staff member judges the situation to be safe to provide in-person response
 - CRU staff may call 911 or the non-emergency number to request law enforcement co-response
- CRU will transfer the call back to DCC if they determine the calls needs a LE or EMS dispatch.

Recommendations for Initial Evaluation of Pilot and Check-ins

- The proposed protocol will be reviewed after (minimum) 2 weeks of piloting and refined as needed.
- # of “25-A-1” and “25-A-2” calls received by Dispatch in designated time period and # of calls successfully transferred in same designated time period. [look at disposition of all the 25A and B calls].
- # of “25-A-1” and “25-A-2” calls not answered [CAD note]
- # of Dispatch-transferred calls that CRU needed to re-engage 911 or a LE, medics or fire response
 - Qualitative information and examples will also help us learn why an elevated level of support was needed.
- Random sampling of successfully transferred calls will be contacted by social services (volume TBD) for the purpose of getting “user experience” feedback.
 - Do you feel you received a satisfactory resolution to your call/concern?
 - Before calling 911 did you know how to contact Dakota County Crisis Response Unit directly?
 - After talking to Crisis Response Unit do you know how to contact the Crisis Response Unit directly if there is a future need?
 - Other feedback you would like to share for the purpose of improving the overall experience of interacting with 911 and/or Crisis Response Unit?

Pilot Timelines

- Discuss proposed pilot plan with CRU and DCC dispatch (week of 9/7-9/10)
- Finalize details of pilot (9/10)
- Dispatcher and CRU training on new pilot process, including test of call transfers (by 9/15)
- Test call period (9/15-9/30) – work through technical issues, soft launch – trial test period- (all police departments will be programmed by Dispatch starting at 9a and ending by approx. 5p on 9/15)
- Check-in on test calls (9/30)
- Official pilot roll-out (10/1)
- Review after two weeks and on regular schedule following

FCC Updates

PSAP Cybersecurity

FCC and CISA urge PSAPs to:

- Identify and assess cybersecurity risks and vulnerabilities
- Create a written cyber incident response plan
 - Consider how your PSAP will communicate with all the agencies for which it dispatches and with which it needs to communicate.

<https://tinyurl.com/cisapsap> Document in meeting packet

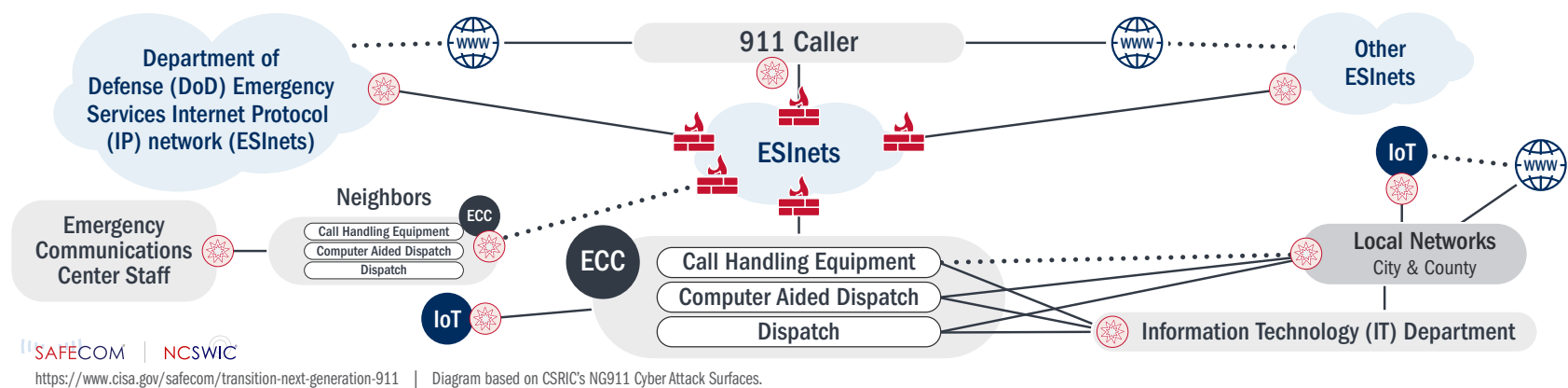
Outage Notifications

- In April 2025, new rules went into effect that change how communications providers must notify PSAPs about 9-1-1 outages.
- Cable, satellite, wireless, wireline, interconnected VoIP, and covered 9-1-1 service providers have the same duty to notify PSAPs about outages that potentially affect them via email and phone (or through an alternative, mutually agreed upon means of notification).
- Notifications must include ten data elements:
 - A unique identifier for the outage
 - Contact information for notifying the provider
 - The name of the provider experiencing the outage
 - The date and time when the incident began
 - The types of communication service(s) affected
 - The affected geographic area
 - A statement about how the outage potentially affects the PSAP being notified
 - The expected restoration
- Providers must transmit the initial notification within 30 minutes of discovering the outage, and must provide updates as soon as possible after additional material information about the outage becomes available, until service is fully restored.
- Providers must exercise “special diligence” to obtain accurate and up-to-date PSAP contact information.
 - Providers cannot satisfy this requirement based on a non-response from the PSAP.
 - Instead they must actively seek to confirm the accuracy of contact information.
 - FCC recommends that PSAPs be attentive to requests from providers to confirm contact info is up-to-date.

Alerting Modernization NPRM

- August 7 issuing NPRM seeking comment about ways to modernize emergency alerting capabilities. Seeking comments specifically on:
 - What objectives effective alert and warning systems should serve;
 - Which entities need to be able to send alerts to accomplish these objectives and how these needs should be addressed in the design of alerting systems;
 - Which alert transmission capabilities a national public alert and warning system must have to achieve its objectives, including the need for resilience, geographic targeting, and security;
 - The kinds of information that needs to be conveyed to the public and how that information needs to be conveyed for the nation's alert and warning systems to be effective;
 - Whether EAS and WEA are meeting the needs and expectations of the public and alerting authorities, and if not, whether EAS and WEA need to be redesigned to fully reach their potential;
 - 30 day comment period, with 60 day reply period.

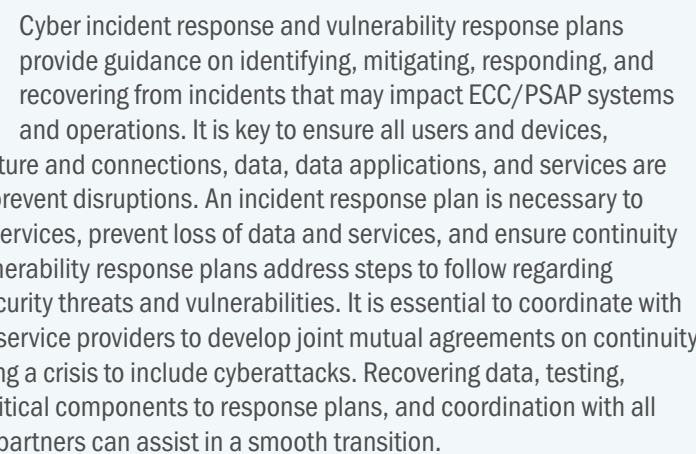
911 CYBER ATTACK SURFACES



Cybersecurity is a shared responsibility. All organizations play a role, and some organizations are being required to comply with standards, such as National Fire Protection Association's (NFPA) [Standard for Emergency Services Communications \(NFPA 1225\)](#), to improve cybersecurity posture. SAFECOM, the National Council of Statewide Interoperability Coordinators (NCSWIC), the Cybersecurity and Infrastructure Security Agency (CISA), the National Institute of Standards and Technology (NIST), and other partners have resources to help. Cybersecurity has become an integral part of mission function and operations for legacy and Next Generation 911 (NG911) systems. Working with others within the community, government, industry, and academia to establish consistent standards, policies, procedures, interoperability, and implementation guidance for NG911 deployment is crucial.

Below are resources that can help ECCs/PSAPs conduct cyber assessments:

- ✓ SAFECOM, *Guide to Getting Started with a Cyber Risk Assessment*
- ✓ CISA, *Cyber Essentials Starter Kit: The Basics for Building a Culture of Cyber Readiness*
- ✓ CISA, *Public Safety Communications and Cyber Resiliency Toolkit*
- ✓ CISA, *Public Safety Cybersecurity*
- ✓ NIST, *NIST Cybersecurity Framework*



Below are resources that can help ECCs/PSAPs develop cyber incident response plans:

- ✓ CISA, [Federal Government Cybersecurity Incident and Vulnerability Response Playbooks](#)
- ✓ CISA, [Essential Elements: Your Crisis Response](#)
- ✓ CISA, [Cyber Alerts](#)
- ✓ CISA, [Cyber Incident Response](#)

Perform regular cyber risk assessments and based on the findings:

- ✔ Develop incident and vulnerability response plans, recovery plans, and continuity of operations (COOP) plans to assist in cybersecurity incident response
 - ✔ Exercise plans so they can be validated, refined, and updated
 - ✔ Incorporate lessons learned into recovery planning processes and strategies
 - ✔ Train response personnel on the latest security, resiliency, COOP, and operational practices and maintain in-service training as new technology and methods are made available
 - ✔ Maintain coordination and communication with other partners, vendors, and stakeholders such as the [Statewide Interoperability Coordinator \(SWIC\)](#)
- ✔ Coordinate with service providers when developing and updating cyber response plans
 - ✔ ECCs/PSAPs should consider implementing cyber threat detection and mitigation capabilities and using resources such as CISA capabilities and fusion centers. These state and local centers may provide system monitoring, threat identification, and intelligence sharing, allowing ECCs/PSAPs to maintain a proactive cyber posture
 - ✔ Become familiar with [Cyber Incident Response Case Studies](#) and understand and prioritize threats that impact the agency's mission
 - ✔ Consider implementing NG911 which maintains advanced authentication and enhanced security capabilities

For more information on this and other cybersecurity initiatives, contact ng911wg@mail.cisa.dhs.gov or visit cisa.gov/safecom/next-generation-911 and cisa.gov.



FCC.GOV

FCC 911 Requirements for Multi-Line Telephone Systems



Public Safety and Homeland Security Bureau
Federal Communications Commission

FCC 911 Requirements for Multi-Line Telephone Systems

Multi-Line Telephone Systems (MLTS) are telephone systems installed in office buildings, schools and college campuses, hotels, and similar environments to serve employees, residents, students, and guests. A typical office-based MLTS system enables employees to communicate with co-workers on the premises, while a typical hotel-based system enables hotel guests to call other guests or hotel staff. In addition, MLTS systems allow users to make calls to outside telephone numbers, including emergency calls to 911.

Ensuring that these systems fully support 911 is essential to protecting the life, health, and safety of people that work, visit, or live in these environments. For example, if an MLTS user calls 911 to report that a person in an office building is having a medical emergency or a campus is threatened by an active shooter, it is vitally important for the 911 call to reach the nearest 911 call center without delay and provide precise information about the caller's location to assist first responders.

This is not only important to save lives – it's the law. The Federal Communications Commission (FCC) adopted rules for 911 calls from MLTS pursuant to two federal statutes – Kari's Law and Section 506 of RAY BAUM'S Act. Kari's Law is named in honor of Kari Hunt, who was killed by her estranged husband in a motel room in Marshall, Texas in 2013. Ms. Hunt's 9-year-old daughter tried multiple times to call 911 from the motel room phone, but the call never went through because she did not know that the motel's phone system required dialing "9" for an outbound line. Congress responded to this tragedy in 2018 by enacting Kari's Law, which requires direct 911 dialing and notification capabilities for MLTS, and Section 506 of RAY BAUM'S Act, which directed the FCC to conduct a rulemaking to consider adopting rules concerning the caller location information that must be conveyed with 911 calls, including calls from MLTS. The FCC adopted rules in 2019.

Under these rules, MLTS installers, managers, and operators must ensure that the MLTS:

- Allows direct dialing of 911, without a requirement for the caller to dial any prefix or access code such as the number 9;
- Provides central notification that a 911 call has been made; and
- Provides certain information about the caller's location with the 911 call so that first responders can quickly locate the caller.

The following pages provide additional information on these requirements, including a decision tree to help you determine whether you are subject to the rules, exemptions that may apply, and where to find additional guidance and resources to assist you.

The FCC's Public Safety and Homeland Security Bureau is providing this fact sheet to help interested parties understand and comply with the rules. This document does not replace, supersede, or modify the rules.

Questions and Answers on 911 for MLTS Installers, Managers, and Operators

Q: Why do the FCC's 911 Requirements for Multi-Line Telephone Systems (MLTS) matter?

A: These requirements help to protect the life and safety of the people who visit, work, or reside at your MLTS-equipped facility, such as guests, employees, students, residents, and customers. In addition, these requirements help first responders to provide emergency assistance. Compliance with these rules also is required by federal law that was inspired by a real-life tragedy resulting in the loss of life. Failure to comply could subject you to FCC enforcement action, including possible fines.

Q: What is an MLTS under the FCC's 911 rules?

A: An MLTS is a telephone system that includes more than one phone line and is typically used in enterprise settings such as hotels, offices, retail stores, and campuses. Under some circumstances, this can include communications platforms such as Microsoft Teams.

Q: Who is covered by the FCC's 911 MLTS rules?

A: The FCC's rules apply to MLTS manufacturers, importers, lessors, managers, operators, and installers. This fact sheet focuses on the requirements applicable to MLTS managers, operators, and installers.

Q: I am a manager, operator, or installer of an MLTS. Do the federal 911 regulations apply to me?

A: It depends. If your MLTS was installed on or before February 16, 2020, it may be exempt from federal regulations, but you should check whether any state laws on 911 apply. If your MLTS was installed after February 16, 2020, or if you have upgraded the hardware or software of the system since then, the MLTS may fall within the FCC's 911 rules.

Q: What constitutes an "upgrade" under the FCC's 911 MLTS rules?

A: Although not every minor improvement to a legacy MLTS would trigger the obligation to comply with the rules, upgrades to core MLTS software or hardware functions generally would be sufficient to bring an MLTS within the scope of the rules.

Q: What is required if I qualify as an MLTS manager, operator, or installer under the FCC's 911 rules?

A: MLTS managers, operators, and installers must set up the MLTS to enable a user to dial 911 directly, without having to dial any additional digit(s), such as "9," for an outside line. Next, the MLTS must provide notification that a 911 call has been made to a central location such as a front desk or security office. Finally, the MLTS must provide information about the 911 caller's location to help first responders locate the 911 caller quickly.

Additional Resources

FCC MLTS Website - www.fcc.gov/mlts-911-requirements

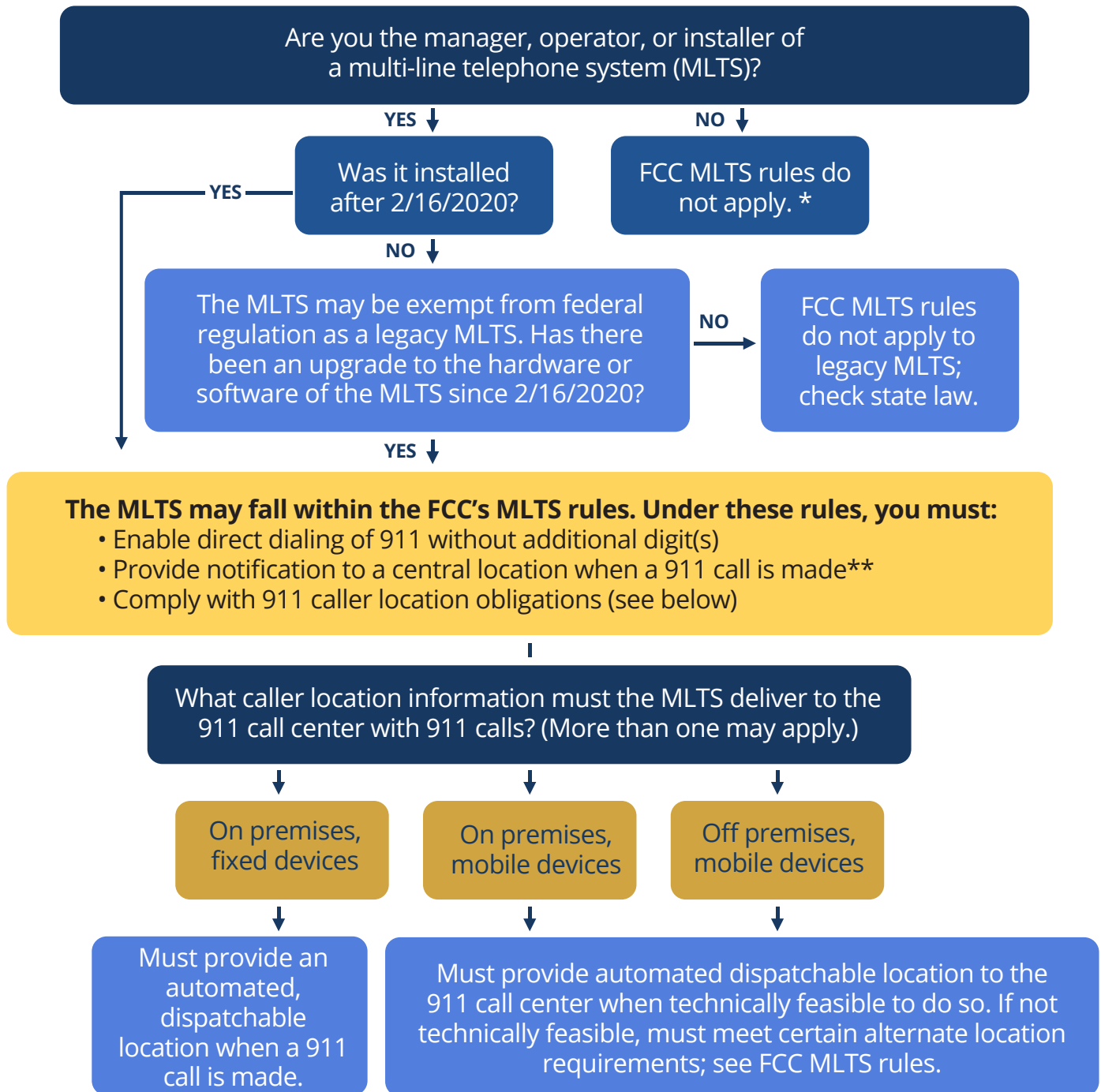
Frequently Asked Questions - www.fcc.gov/sites/default/files/mlts_faqs.pdf

- Public Safety Answering Points (PSAPs), also known as 911 call centers, and other public safety officials may contact the **Public Safety Support Center** (www.fcc.gov/general/public-safety-support-center) to report concerns or request support from the FCC.
- Consumers may file a complaint via the **Consumer Complaint Center** (consumercomplaints.fcc.gov) and select Emergency Communications for 911 issues.





Decision Tree for MLTS Managers, Operators, and Installers



The FCC's MLTS rules (47 CFR part 9, subpart F) implement Kari's Law and Section 506 of RAY BAUM'S Act, two federal statutes signed into law in 2018. The rules require MLTS manufacturers, vendors, lessors, installers, managers, and operators to ensure that MLTS users can complete 911 calls without dialing any additional digits for an outside line and help first responders find those in need of immediate assistance when responding to emergencies.

* However, certain FCC MLTS rules apply to MLTS manufacturers, importers, sellers, and lessors.

** Notification obligations may not apply in all circumstances; see FCC MLTS rules to determine applicability.



The Federal Communications Commission is an agency of the United States government that regulates communications by radio, television, wire, internet, wi-fi, satellite, and cable across the United States.

Strengthening communication. Supporting public safety.

Learn more at [fcc.gov](https://www.fcc.gov)



METROPOLITAN EMERGENCY SERVICES BOARD

Meeting Date:

August 21, 2025

Agenda Item:

**5F. 2026 Regional Funding
Priorities - Discussion**

Presenter:

Rohret

RECOMMENDATION

None for this meeting; discussion only.

BACKGROUND

The Minnesota Department of Public Safety (DPS) Emergency Communication Networks (ECN) Division and the Statewide Emergency Communications Board (SECB) require regions to annually approve regional funding priorities. These priorities are to include projects/items/concepts for which regions can apply for grant funds through the SECB grant process. In the past, grants were only open to radio projects, though that changed in the mid-2010s.

ISSUES & CONCERNS

MESB staff would like the 9-1-1 TOC to begin to consider items to include in the 2026 Regional Funding Priorities. No action on the items will be taken at the August 9-1-1 TOC meeting; action will be taken at the October meeting.

The 9-1-1 items included on the 2025 Regional Funding Priorities list were (in priority order):

- Indoor Mapping (colleges, large venues, industrial facilities)
- Emergency communications center staff recruitment/retention workload study
- Regional communications interoperability planning
- Regional Smart 911 Rollout
- CAD-to-CAD Pilot
- MnDOT Camera Integration Pilot

FINANCIAL IMPACT

None to the MESB at this time. The items included on the Regional Funding Priorities list are items for which the MESB applies for grant funds when available.

MOTION BY:

SECONDED BY:

MOTION:

PASS/FAIL