

MEMORANDUM OF UNDERSTANDING

FirstLink and (add 911 dispatch center name here)

This Memorandum of Understanding (MOU) is entered into effective the ____ day of _____, 2026, by and between FirstLink, a North Dakota nonprofit corporation located at 4342 15 Ave S, Suite 201A, Fargo, North Dakota 58103, and _____, a Minnesota Public Safety Answering Point (PSAP) / 911 Dispatch Center located in _____, Minnesota.

FirstLink answers several helplines including the 211 Information and Referral Helpline and the 988 Suicide & Crisis Lifeline. These services provide callers with 24-hour crisis intervention, suicide prevention support, and community information and referrals.

_____ serves as a 911 Public Safety Answering Point (PSAP) responsible for receiving emergency calls and dispatching appropriate public safety responders, including law enforcement, fire, and emergency medical services.

In situations where callers contacting 911 are experiencing a behavioral health crisis, suicidal thoughts, or emotional distress, but do not require an immediate emergency response, the 911 dispatch center may transfer or refer those callers to FirstLink's trained crisis counselors for additional support.

This Memorandum of Understanding outlines the cooperative working relationship between the parties to enhance coordination between 911 emergency services and behavioral health crisis support services for residents of the community.

Each party to this agreement is an independent organization. Nothing in this MOU shall be interpreted as creating a legal partnership, joint venture, or employment relationship between the parties.

Purpose

The purpose of this MOU is to establish a collaborative framework between FirstLink and _____ 911 Dispatch Center to improve coordination and response for individuals experiencing a behavioral health or suicide crisis.

Through this partnership, both organizations aim to:

- Improve access to crisis intervention services

- Reduce unnecessary law enforcement involvement when appropriate
- Connect individuals in crisis with trained mental health professionals
- Strengthen collaboration between emergency communications and crisis services

Responsibilities of the Parties

1. Confidentiality

Both parties agree to comply with all applicable federal, state, and local privacy and confidentiality laws, including those governing the protection of personal and health information.

Information shared between agencies will be limited to what is necessary to provide appropriate services and support.

2. Community Collaboration

FirstLink and _____ will maintain open communication and will meet at least annually or as needed to review collaboration practices, discuss operational improvements, and update procedures outlined in this agreement.

3. Client Contacts and Call Transfers

A. Non-Emergency Information and Referral

The _____ 911 Dispatch Center may direct callers seeking non-emergency information or community resources to FirstLink by providing the 211 phone number or by transferring the call when appropriate.

B. Behavioral Health or Suicide Crisis Calls

When a caller contacting 911 appears to be experiencing emotional distress, suicidal thoughts, or a behavioral health crisis, and when there is no immediate threat requiring emergency responder dispatch, the dispatcher may transfer the caller to FirstLink's 988 crisis line in accordance with mutually agreed-upon protocols.

C. Emergency Situations

Nothing in this agreement limits the authority or responsibility of the 911 Dispatch Center to dispatch law enforcement, EMS, or fire services when an emergency response is necessary.

Termination

Either party may terminate this Memorandum of Understanding by providing 30 days written notice to the other party.

Upon termination, both organizations agree to remove references to the partnership from public materials, websites, or other documentation if applicable.

Signatures

FIRSTLINK

A North Dakota Non-Profit Corporation

Jennifer Illich, Executive Director

Date: _____

(911 Dispatch Center / Agency Name)

Name: _____

Title: _____

Date: _____