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California 911-to-988 Call Transfer Guidance:

Statewide Recommendations and Considerations for Protocol Development

Introduction

This guidance document was developed by an interdisciplinary workgroup convened at the direction of the California 988 Technical Advisory Board. The workgroup members included representatives from California 911 and 988 centers, whose collective expertise and input informed the development of recommendations to support the appropriate transfer of eligible behavioral health calls from 911 to 988. This document is intended to provide a broad framework and consistent statewide approach that can be adapted to the unique needs and operations of individual 911 and 988 centers.

Purpose

The purpose of this document is to provide statewide recommendations for developing and implementing 911-to-988 call transfer protocols in California. It is intended to support consistency and collaboration between 911 and 988 systems while recognizing that protocols may need to be tailored to local systems, operational requirements, and community needs. It is meant to provide an accessible, informative resource that offers deeper insight into the mechanics of these transfers without being overly prescriptive, and to offer *Recommendations*, *Considerations for Protocol Development*, and *Other Considerations*.

Recommendations

Memorandum of Understanding (MOU)
It is recommended that 911 Public Safety Answering Points (PSAPs) and 988 Lifeline Centers serving the same jurisdiction establish a formal bilateral agreement or MOU that clearly defines roles, responsibilities, communication pathways, and procedures for transferring eligible mental health and behavioral health calls between the two systems. These agreements should support, whenever possible, connection to local 988 services and locally available behavioral health resources, while facilitating the most appropriate response based on the needs of the individual.

Warm Transfers
It is recommended that all calls transferred from 911 to 988 be conducted as warm transfers, in which the 911 dispatcher remains on the line while introducing the caller to the receiving 988 counselor and sharing relevant information about the caller, the circumstances of the call, and any identified safety concerns. The 911 dispatcher should remain on the line until the 988 center confirms receipt of the call and has obtained the information necessary to safely assume responsibility for the interaction. Call transfers without an exchange of information or confirmation of receipt are strongly discouraged. Warm transfers help ensure continuity of care, reduce the need for callers to repeat information, facilitate transfer to the appropriate 988 center, and support accurate documentation and outcome tracking.

Dedicated Lines

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It is recommended that 988 centers and the 911 PSAPs with which they have diversion agreements establish dedicated telephone lines for direct communication. Direct 911-to-988 lines can bypass the national 988 routing platform, helping ensure calls reach the appropriate local 988 center, while direct 988-to-911 lines enable counselors to promptly request emergency assistance when a call presents an imminent public safety or medical emergency. These connections support timely information exchange, strengthen local coordination, and facilitate appropriate, efficient responses.

In lieu of requiring each PSAP to establish a unique dedicated line for 988, state entities responsible for oversight and support of California's 988 system could explore an agreement with the California chapter of the National Emergency Number Association (CalNENA) to provide 988 centers with access to the 10-digit administrative entry points for California 911 PSAPs. Such an approach could provide 988 centers with a standardized mechanism for directly accessing local 911 PSAPs while reducing the need for individual line agreements and implementation across jurisdictions.

Considerations for Protocol Development

Eligibility Criteria
Jurisdictions developing 911-to-988 diversion protocols should establish clear, consistent eligibility criteria to guide dispatchers in determining which behavioral health calls may be appropriately transferred to 988. Calls involving behavioral health, suicide or substance use crises, emotional distress, or other situations that do not require an immediate medical or public safety response may be appropriate for transfer to 988. Criteria should be developed collaboratively and tailored to the needs, resources, populations, and response systems of the jurisdiction.

While specific criteria may vary, protocols should generally distinguish calls that can be safely managed through 988 from those requiring an immediate 911 response. At a minimum, eligibility criteria should consider whether the call involves:

- an immediate threat to life or serious bodily harm;
- a person in a high-risk location or environment—such as bridges, cliffs, high-rises, or other elevated structures—with indications of intent to jump or otherwise cause harm;
- access to or possession of a weapon in a public setting that creates a threat to the individual or others; or
- circumstances in which the individual's behavior presents a potential threat to other people, including situations occurring in a private residence where others are present or may be at risk.

Calls involving the immediate and public safety concerns identified above should *not* be transferred to 988 in lieu of an emergency response. Appropriate police, fire, or emergency medical response should be considered in accordance with the jurisdiction's established policies and procedures. When these concerns are not present, a call may be appropriate for transfer to 988, where trained crisis counselors can provide de-escalation, emotional support, risk assessment, safety planning, and connection to appropriate local behavioral health and community resources.

Establishing Procedures for Initiating Transfers

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Protocols should establish clear, efficient procedures for initiating 911-to-988 transfers, including how to transparently explain the transfer and, when appropriate, obtain the caller's agreement or informed consent. Callers should be informed, using clear, respectful, and neutral language, that a 988 counselor can provide immediate support, assess their needs, and help determine appropriate next steps. Protocols should also address how to respond when callers decline a transfer and request an in-person response, with decisions made case by case based on the caller's needs, safety concerns, and available response options.

Information to Be Shared During the Transfer
Protocols should establish a standard set of information that 911 dispatchers share with the receiving 988 counselor before they release the call to support continuity of care, minimize the need for the caller to repeat information, and ensure the receiving counselor has the information necessary to safely assume the call. It is suggested that, at a minimum, the transfer includes:

- Name/ID of the dispatcher and agency
- Caller's name and phone number (if known)
- Caller's address (or approximate location if exact address is unknown)
- Incident identifying number
- Brief description of circumstances and the reason for the transfer

Guidelines for 988-Initiated 911 Involvement
Protocols should establish clear guidelines for when 988 counselors need to involve 911, including when a caller presents an imminent risk of harm to themselves or others, or is experiencing an active medical emergency. According to national 988 Lifeline and accreditation standards, 988 centers should adhere to "least invasive intervention" protocols, making every effort to engage the caller, obtain their cooperation, and preserve their trust throughout the process. When 988 centers request 911 support, the following should be provided:

- Name of the crisis counselor or shift supervisor requesting emergency assistance
- Name of caller, phone number, and location (when available)
- Incident identifying number
- A brief description of circumstances and the reason for requesting emergency services
- Disclosure of the (possible) presence of weapons and any other identified safety concerns

Other Considerations

Accessibility
When developing 911/988 collaborative agreements, clear procedures are needed to ensure equitable access to 988 services for all individuals, regardless of language, disability, communication needs, or preferred method of contact. This includes language interpretation, accessibility for Deaf and hard-of-hearing individuals, and text/chat options.

Medical Dispatch
Before the establishment of the 988 system, behavioral health crisis calls received by 911 primary PSAPs that did not require a medical or public safety response were sometimes routed to Emergency Medical Dispatchers (EMDs), resulting in an EMS scene response and, in many cases, transport to a hospital Emergency Department. Direct transfer pathways from EMDs and other non-

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primary PSAPs to 988 can help ensure that individuals experiencing non-medical behavioral health crises are connected to appropriate crisis support rather than receiving an unnecessary emergency response. EMD centers should consider adopting the International Academies of Emergency Dispatch (IAED) protocol within the Medical Priority Dispatch System (MPDS) or equivalent which gives emergency medical dispatchers a structured, scientific way to handle active callers who are experiencing severe mental health distress, suicidal ideation, or self-harm risks. Guided by the IAED protocols, EMD centers should develop their own criteria and procedures for determining when and how calls should be transferred to 988.

Data Sharing and Outcomes
Bidirectional data sharing, consistent with confidentiality and privacy requirements, is essential for tracking outcomes of transferred calls. It strengthens system efficiency, builds trust, supports continuity of care, evaluates the effectiveness of strategies, and identifies emerging needs.

Evaluation and Quality Assurance
Regularly conducted quality reviews ensure contractual obligations are met, inform future training needs, provide an opportunity to identify best practices, and evaluate the operational effectiveness of the partnership between systems.

Liability
Thorough legal counsel reviews establish a comprehensive understanding of risks shared by the participating agencies. Clarifying liability and securing leadership buy-in can help protect staff and strengthen dispatcher confidence in routing eligible calls across emergency response systems.

Resources and Funding
Dedicated investments in ongoing training, site visits, networking, quality improvement, and administrative oversight are important to sustaining a successful 911 diversion program. Funding models should ideally account for these operational demands, as well as the supervisory and counselor resources required to manage diverted calls.

Technical Interoperability
Because 911 PSAPs and 988 centers operate on platforms with varying levels of interoperability, data sharing and automatic transfer of essential call details, such as caller phone numbers, can be limited and sometimes incorrect. Careful exploration of platform interoperability options could enhance seamless data exchange and mitigate operational risks during call transfers.

Resource Links:

- NENA Standard for 911/988 Interactions
- Mental Health Alternative Crisis Response, Best Practices for Coordination of Law Enforcement & Mental Health in Alternative Crisis Response (Los Angeles County, Department of Mental Health)

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