NACo Brief

911 and Behavioral Health: Building Coordinated Call Handling Systems

Introduction

Local government sits at the operational center of emergency and crisis response systems. Counties in 48 states and the District of Columbia operate, fund and manage thousands of the nation's public safety answering points (PSAPs), or 911 call centers.[1] PSAPs handle more than 240 million 911 calls annually, including an estimated 24 million behavioral health-related calls.[2]

Counties are building coordinated 911 call handling systems to manage the high volume of behavioral health-related calls and to meet new requirements following the launch of the 988 Suicide and Crisis Lifeline (988). This work reflects a shared goal across public safety and behavioral health systems: connecting individuals in crisis to the right care while directing emergency resources where they are needed most.

PSAPs are collaborating with public safety agencies and behavioral health systems to equip telecommunicators with the tools, protocols and partnerships needed to connect individuals to the right level of care. Many local 911 systems are incorporating alternative response pathways that include over-the-phone clinical support and dispatch of mobile crisis teams that provide specialized behavioral health care.

Counties are strengthening call handling by addressing cross-agency, technology and operational challenges that affect coordinated crisis response.

This brief highlights the innovative approaches counties are employing to improve outcomes for behavioral health-related 911 calls and to strengthen the broader behavioral health crisis response system.

Key Strategies for Building Coordinated 911 Call Handling Systems

Call handling is the structured process of receiving calls, assessing needs and dispatching the most appropriate response. Counties are adopting the following strategies to improve coordination and behavioral health response capacity within local PSAPs:

Convening key stakeholders across the full continuum of care, including 911 and 988 professionals, local behavioral health authorities, public safety agencies, mobile crisis providers and county leadership to build integrated call handling systems

Aligning dispatch criteria and response protocols with resources available in the local community, enabling telecommunicators to make informed, appropriate routing decisions

Investing in ongoing coordination and collaboration through regular communication, data sharing and feedback loops to drive continuous improvement and sustain progress over time

Establishing shared definitions and terminology across system partners to ensure consistent identification of behavioral health calls

Developing interagency policies and data-sharing agreements that clarify roles, responsibilities and liability across participating systems

Sample Behavioral Health-Related 911 Call Handling Process

911 Call Received

Intake

Identifying Behavioral Health Needs

When someone calls 911, telecommunicators use structured screening questions that quickly distinguish behavioral health crises from criminal or medical emergencies and identify calls that require a coordinated multi-disciplinary approach.

Triage

Determining Appropriate Responses

Once behavioral health needs are identified, telecommunicators use standardized protocols, decision trees and scripted questions to assess factors such as emotional distress, suicidal intent, substance use or disorientation to determine the most appropriate response pathway.

Dispatch

Providing Available Resources

Based on the triage assessment, telecommunicators connect individuals in crisis to the most appropriate available resource, including transferring callers to 988 or local crisis call centers, dispatching mobile crisis teams or co-responder units or, when necessary, deploying police, fire or EMS.

Follow Up

Ensuring Continuity of Care

After a call ends, public safety agencies and behavioral health authorities coordinate post-response follow-up care for individuals in crisis, including referrals to community-based services.

Boone County, Mo.

In 2024, Boone County Joint Communications (BCJC) (the local PSAP) and Centerstone (formerly Burrell Behavioral Health, operator of the regional 988 center) established a formal partnership to improve responses to behavioral health-related 911 calls and reduce strain on 911 telecommunicators. Together, they identified a list of call types eligible for transfer to 988 and developed a protocol to guide telecommunicators in redirecting lower-acuity behavioral health calls to specialized crisis support instead of dispatching emergency services.

How it Works:

911 telecommunicators assess each call against the established 911-to-988 transfer protocol, and when a caller is deemed eligible, they are connected to a 988 crisis specialist through a warm transfer. During this process, a telecommunicator bridges the call to a regional 988 center, introduces the caller, provides relevant context to the crisis specialist and then releases the call to their care.

> ***"Not only is this [partnership] good for individuals in our community, but it is good for the community as a whole. We can look at a potential reduction in health care spending when we are able to provide cost-effective early intervention… [resulting in] fewer hospital stays and reducing unnecessary law enforcement and EMS responses."***
>
> *— Carisa Kessler, Crisis Services Director, Centerstone*[3]

The collaboration benefits both callers and the broader crisis system. BCJC and Centerstone continue to meet regularly to review processes, refine the protocol and identify opportunities to expand the program.

Ramsey County, Minn.

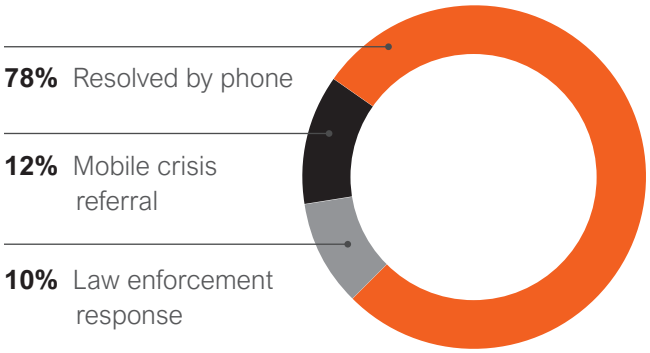
In 2022, Ramsey County launched the Appropriate Response Initiative to expand response options to behavioral health-related 911 calls and reduce reliance on the criminal legal system.[4] As part of this initiative, the Ramsey County Emergency Communications Center (ECC) partnered with the county's Social Services Department to embed social workers directly into the 911 call center, allowing most behavioral health-related calls to be resolved internally without transfer to 988 or other crisis lines.

How it Works:

After 911 telecommunicators determine there is no criminal activity or immediate safety threat, calls are transferred to an onsite Embedded Social Worker (ESW) for secondary triage. ESWs can provide support over the phone, connect individuals to services, dispatch a mental health crisis team or public health responder, or transfer calls back to 911 if the situation escalates.

Since May 2023, telecommunicators have transferred more than 10,200 calls to ESWs, with monthly transfers increasing from under 20 calls in the program's first month to a peak of over 500 transfers in February 2025. Of those calls, ESWs made first-attempt contact with 8,249 callers, resolving 78% of calls over the phone, referring 12% to mobile crisis services and routing only 10% to a traditional law enforcement response.[5] ECC leadership reports that integrating behavioral health professionals into the 911 center has strengthened trust and coordination between telecommunicators and behavioral health partners while increasing confidence in alternative response options.

ESW Call Resolution Outcomes



> ***"Bringing 911 telecommunicators and behavioral health professionals under one roof has transformed our work. This integration has strengthened trust, deepened coordination and increased confidence in alternative response options across the entire ECC."***
>
> *— Nancie Pass, Director, Ramsey County Emergency Communications Center*

Henrico County, Va.

Henrico County developed a structured approach to behavioral health-related 911 call handling through local implementation of Virginia's statewide Marcus Alert System. The Henrico County Department of Emergency Communications integrated a four-level behavioral health triage framework into its Emergency Medical Dispatch platform, allowing calls to be classified by acuity and matched with the most appropriate response.

How it Works:

As 911 telecommunicators enter call information, the call dispatch system automatically assigns an acuity code using standardized criteria and generates a recommended response pathway, improving consistency in behavioral health call handling.

From July 2024 through June 2025, Henrico County processed 1,588 calls identified through the Marcus Alert framework.[6] These incidents were distributed across all four acuity levels, demonstrating use of the full spectrum of the county's behavioral health triage model. Based on the circumstances of each call, responses may include coordination with 988, dispatch of a Mobile Response Team, deployment of the Prevention Services Unit — a specialized law enforcement unit dedicated to behavioral health response — or response by Crisis Intervention Team (CIT)-trained patrol officers.

In-person responses are still required for calls with immediate safety concerns, requests for EMS, third-party reporting or when the caller prefers not to be transferred to 988. Henrico County's commitment to a 100% CIT-trained patrol officer workforce ensures that even traditional law enforcement responses incorporate crisis intervention principles and support diversion and connection to services when appropriate. A bi-monthly Marcus Alert Working Group — bringing together 911, 988, behavioral health, law enforcement and county leadership — drives ongoing review and refinement of the system.

NACo County News:
Law enforcement, mental health pros collaborate in Virginia county

Scan the QR code to read the County News story.

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[1] NACo Analysis of the Federal Communications Commission – 911 Master PSAP Registry (2017).

[2] International Academies of Emergency Dispatch. (2025, September 15). Most Mental Crisis Calls Still Answered by 911, Not 988.

[3] KFRU Business Spotlight. (2024, December 2). Christie Davis, Boone County Joint Communications. Carisa Kessler, Crisis Services, Burrell Behavioral Central Region. 911 to 988 Transfers.

[4] Ramsey County, Minn. Appropriate Response Initiative.

[5] Ramsey County, Minn. (2026, May 31). Appropriate response Initiative (ARI): a new way to respond to 911 calls.

[6] Henrico County Department of Emergency Communications, administrative data on Marcus Alert System, email correspondence, 2026.

For more information and resources, please visit
NACo's Behavioral Health Crisis Response Programming Page

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