

## **Kern Behavioral Health & Recovery Services - Mobile Evaluation Team - Communications Center Program**

**Overview:** Kern's MET Communications Program embeds behavioral health specialists in 911 Call Centers, reducing unnecessary police responses and ensuring individuals in crisis receive the right care.

**Challenge:** Behavioral health-related 911 calls frequently come through law enforcement communications centers, even when the situation does not require a police response. In many cases, these calls still resulted in officers being dispatched, diverting valuable resources from other public safety priorities and placing people in crisis into systems that were not designed for their needs. At the same time, best practices increasingly emphasize that behavioral health crises are most effectively addressed by trained clinicians, with law enforcement involvement reserved for situations where safety is at risk. Kern County needed an approach that both supported public safety and connected individuals in crisis to appropriate behavioral health care.

**Solution:** In partnership with Bakersfield City law enforcement, KernBHRS created the MET Communications Center Program by embedding bachelor's level Recovery Specialists directly within 911 communications centers. The program was developed collaboratively with input from dispatch leadership, law enforcement, and behavioral health teams to ensure the process was practical and responsive to Kern County's needs. This cooperative approach made it possible to integrate behavioral health staff into the communications center in a way that supported both systems and clarified roles and responsibilities.

The Recovery Specialists are trained to recognize behavioral health crises, provide evidence-based de-escalation, and determine the most appropriate level of care. They engage callers directly, offering interventions such as safety planning, crisis counseling, and warm transfers to the 988 Suicide and Crisis Lifeline. When individuals are already connected to services, staff can re-establish contact with their treatment teams; when new services are needed, they can initiate linkage to KernBHRS programs or community partners. If an in-person response becomes necessary, MET staff coordinate with dispatchers to ensure law enforcement and mobile crisis teams respond in a timely and appropriate way. This model ensures callers receive specialized behavioral health support at the earliest point of contact while law enforcement remains focused on public safety priorities.

**Innovation:** Embedding behavioral health professionals directly into 911 communications centers allows crises to be addressed at the earliest possible moment, closing a critical gap between callers and care. Kern was able to implement this innovative approach thanks to strong local partnerships. Law enforcement and behavioral health leaders collaborated

closely to develop a solution that met the needs of both systems and reflected the priorities of the Kern community. This collaboration transformed what could have been a siloed program into a shared model of care that benefits all stakeholders.

The program improves communication, reduces duplication of services, and ensures that behavioral health needs are met without defaulting to law enforcement involvement. It is not only more compassionate but also more cost-effective, saving taxpayer dollars by avoiding unnecessary officer dispatches, arrests, and emergency medical interventions. The innovation lies in creating a seamless process where public safety and behavioral health work hand-in-hand to deliver the right response at the right time.

**Results:** Since its initial pilot in Fiscal Year 2021–22, the MET Communications Center Program has demonstrated significant and sustained impact. In the first year, 75.7 percent of calls transferred to MET staff were diverted from a traditional law enforcement response, allowing officers to focus on urgent public safety needs while ensuring individuals in crisis received timely behavioral health support. In subsequent years, the program has continued to produce strong outcomes, maintaining an average diversion rate of 73.9 percent across nearly 6,500 calls during its fourth year of operation. These results highlight the program’s ability to resolve many behavioral health–related 911 calls without law enforcement involvement, reducing unnecessary emergency responses, improving access to appropriate care, and generating cost savings for the community. The consistency of these outcomes underscores the effectiveness and reliability of this model as a sustainable solution for managing behavioral health crises.

**Replicability:** As a result of the program’s success, city law enforcement now has three behavioral health staff embedded within its communications center, and KernBHRS recently worked with the Kern County Sheriff’s Department to implement a similar initiative, demonstrating both the effectiveness and replicability of the model. Successful replication requires a strong collaborative relationship between law enforcement and behavioral health providers, with clear communication and defined roles to ensure smooth coordination. Staff placed in communications centers must be carefully selected and trained to operate effectively within both systems.

Operational sustainability is an important consideration. The program’s demonstrated value to public safety has led law enforcement agencies to contract directly with KernBHRS to fund staff positions, further highlighting its benefits to public safety, behavioral health services, and the broader community.

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