

WORKSHOP SERIES

Emergency and First Responders Partnerships: Dispatch Call Center Diversion

January 7, 2026



Funded by the Substance Abuse and Mental Health Services Administration



Disclaimer 1

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Funded by the Substance Abuse and Mental Health Services Administration

Disclaimer 2

The Substance Abuse and Mental Health Services Administration (SAMHSA) has selected Altarum to provide training and technical assistance support to states, territories, tribal organizations, and community partners across the 988 Suicide and Crisis Lifeline and crisis continuum of care. Along with our partners, W2 Consulting Corporation and Change Matrix, LLC, who have extensive experience with crisis services and technical assistance, the Crisis Systems Response Training and Technical Assistance Center (CSR-TTAC) was formed to support the continued growth of 988 Lifeline and build a more robust crisis care system.



SAMHSA Team



Jill D. Mays, MS, LPC

Division Director of Crisis System Transformation for the 988 & Behavioral Health Crisis Coordinating Office (BHCCO)

Jill D. Mays is the Division Director for Crisis System Transformation for the 988 & Behavioral Health Crisis Coordinating Office at SAMHSA. She currently leads the evolutionary and collaborative work of pillars two (someone to respond) and three (a safe place for help) of the 988 Behavioral Health Crisis Continuum. Before coming to SAMHSA, Mrs. Mays served as Director of the Office of Behavioral Health Prevention and Federal Grants at the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), where she most recently oversaw all substance misuse prevention, suicide prevention, and mental health promotion, and served as principal investigator for the agency's multimillion dollar portfolio of federal grants, including 988 and CCBHC grants and as planner for the mental health block grant. Additionally, as Assistant Director of the Office of Adult Mental Health at DBHDD, she was the Project Officer for Crisis Services. Mrs. Mays previously coordinated operation of SAMHSA's Disaster Distress Helpline (DDH) Core Regional Call Center in Atlanta, serving FEMA Regions III & IV. Mrs. Mays is a Licensed Professional Counselor, with over 30 years of experience in the behavioral health field and is a person with mental health lived experience.

SAMHSA Acknowledgment



Tiffany M. Russell, MBA
**Chief of Crisis and
Justice Initiatives**

As the Chief of Crisis and Justice Initiatives with SAMHSA's 988 and Behavioral Health Crisis Coordinating Office, Tiffany serves as an advisor to the 988 Director and other members of SAMHSA's senior leadership in planning and determining policy, programs, and activities that address complex challenges in coordination of 988 crisis centers with law enforcement, 911 call centers, and emergency medical service providers. She also develops, recommends, and implements programs and provisions of guidance related to improving crisis response and fair access to services for individuals with behavioral health needs that minimize unnecessary law enforcement involvement and promote diversion from the justice system.

Before joining SAMHSA, Tiffany directed the Mental Health and Justice Project which focused on improving behavioral health crisis responses in state and local governments for Pew Charitable Trusts. Prior to Pew, she served as the Director of Strategic Planning and Research Development in the District Court Administration for the Superior Court of Fulton County, Georgia, where she was responsible for building the court's capacity by developing policies, programs, and processes to enhance the administration of justice and increase access to justice for all. Tiffany also held several positions in grant management, research, strategic planning, public relations, and communications in nonprofit, government, and education organizations.

Tiffany also holds a bachelor's degree in organizational leadership and a Master of Business Administration in Innovation from Mercer University.

Workstream Team



Stephanie Berzkalns



Chizoba Chukwura



Jasmine Little



Stephanie Loo



Meagan MacGregor



Manny Stegall



Elizabeth Woodford

Agenda

1. Learning Objectives
2. Collaborative Response within the Crisis Care Continuum
3. Presentation
4. Question and Answer

Learning Objectives

By the end of this workshop, participants will be able to:

Describe	Describe the role of dispatch call centers in crisis response and diversion
Identify	Identify key components of effective partnership between dispatch, law enforcement, and crisis care systems
Apply	Apply strategies to develop and/or enhance call triage protocol, dispatcher training opportunities, and cross-system collaboration in individual communities

A Quick Note About Language

SHIFTING LANGUAGE

CO-RESPONSE



COLLABORATIVE
RESPONSE

Collaborative Response within the Three Pillars of Crisis Care

THREE PILLARS OF CRISIS CARE

CRISIS
CONTACT
CENTERS



someone
to contact

MOBILE
CRISIS
RESPONSE



someone
to respond

CRISIS
STABILIZATION
CENTERS



a safe place
for help

PRESENTATION

Dispatch Call Center Diversion

Sandri Kramer



SUICIDE
PREVENTION
CENTER

Presenter



Sandri Kramer
**Senior Director of
Training & Community
Engagement**
Didi Hirsch Suicide
Prevention Center

Sandri Kramer, a founding member of the Los Angeles Suicide Prevention Network (LASPN), has over 25 years of experience in suicide prevention/intervention and crisis center work. As Didi Hirsch's Senior Director of Training and Community Engagement, she oversees the Suicide Prevention Center's Crisis Line Training and Outreach programs, as well as its Alternative Crisis Response team and focuses on innovation, program development, community partnerships, and public awareness/training. After many years of grassroots work with law enforcement partners, overseeing the launch of LA Police Department's 911 call diversion project is one of her proudest achievements. She is also currently working on strengthening and expanding the center's collaborative partnerships with numerous law enforcement agencies on alternative crisis response and suicide prevention trainings, the implementation and growth of 988, and supporting LA communities in their recovery from the devastating 2025 wildfires. She serves on numerous coalitions and task forces, including as a member of the LASPN Leadership Team, as a SME/advisor on SAMHSA's *"Advising People on Using (988 v 911: Practical Approaches for Healthcare Providers,"* as a member of the Board of the Emergency Network Los Angeles (ENLA), as a lead trainer for CopLine, and as a member of LA's Office of Violence Prevention (OVP) Community Partnership Council.



SUICIDE
PREVENTION
CENTER

CRISIS RESPONSE COLLABORATIONS

Presented by:



Sandri Kramer

*Senior Director of Training &
Community Engagement*

Didi Hirsch Suicide Prevention
Center—Los Angeles

Didi Hirsch Suicide Prevention Center (SPC) Crisis Line

- Founded in 1958 as the nation's first SPC
- Inaugural member of the 988 Lifeline
- Chat/text services since 2012
- One of five Spanish 988 Call Centers in the nation
- California's largest 988 center and one of the highest volume centers in the 988 network



What if...

- What if anyone experiencing a suicidal or behavioral health crisis could get the right kind of crisis response at the right time?
- What if we had more than law enforcement to respond?
- What if we had more than just one place to go?
- What if we had more than one number to call?



WORKING TOGETHER: 911 DIVERSION

988



Mental Health &
Substance Use Support



Suicide Prevention
& Crisis
De-escalation



Connection
to Local Care
& Treatment
Resources

WHOLE- PERSON CARE

911



Medical
Emergency



Fire



Crime in Progress



Life-Threatening
Situations

988

SUICIDE & CRISIS LIFELINE

What Is 911 Diversion?

- 911 Diversion is a program that **redirects** certain **non-emergency** suicide and mental health-related calls away from law enforcement and into the mental health system.
- Instead of dispatching officers, these calls are transferred directly from 911 to 988, where trained crisis counselors can assess the situation, de-escalate, and connect the caller to the right level of care.



911 to 988 Diversion: Why?

When law enforcement responds to a mental health crisis...

- Impact on community members
- Impact on first responders
- Disengagement policies



PATIENCE AND PERSISTENCE

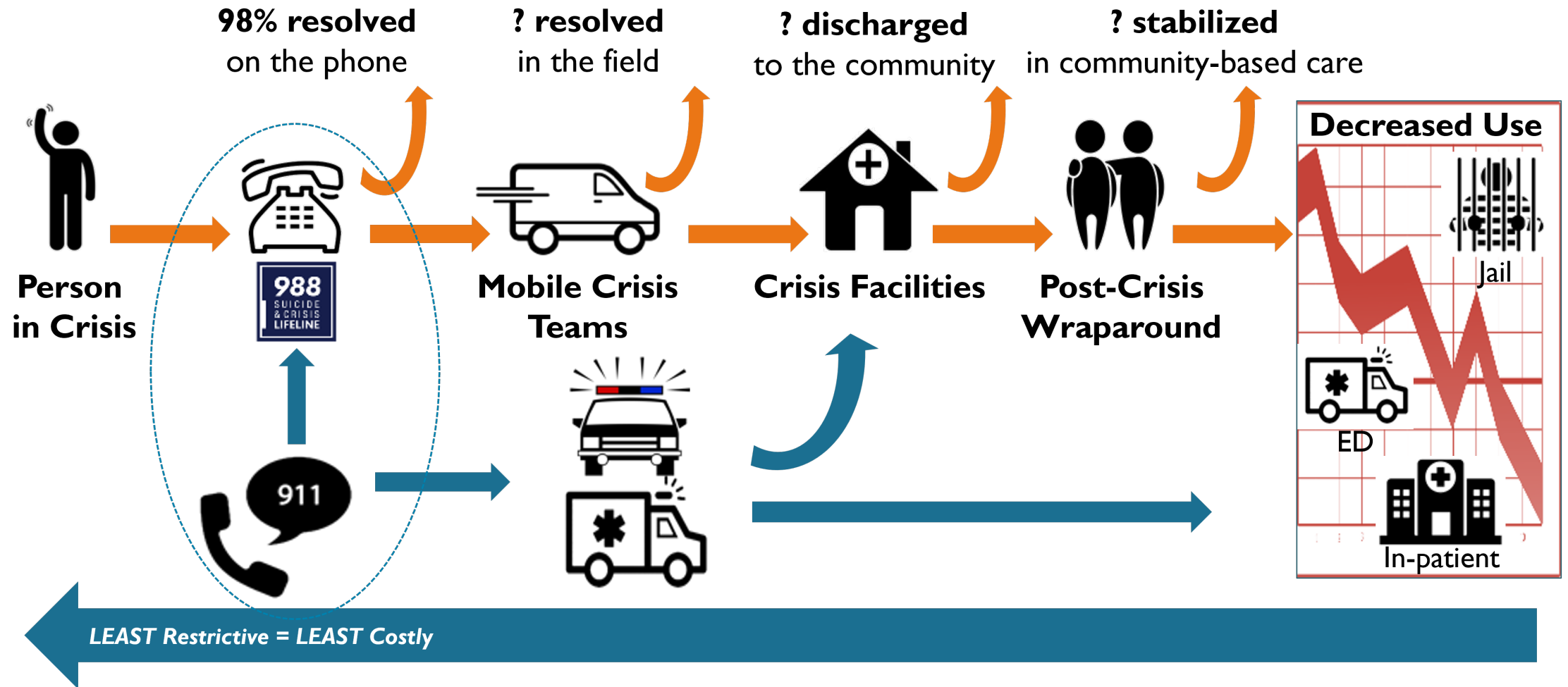


A Long Time Ago...

- 1990s: Law Enforcement and Hotlines
- 2005: A Seed Planted
- 2005–2015: Nibbles
- 2016: Connections
- 2020: Everything Changed
- 2021: Launch!
- 2025: National Vision



Alignment of Crisis Services Toward a Common Goal



Adapted from: Balfour ME, Hahn Stephenson A, Winsky J, & Goldman ML (2020). *Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies*. Alexandria, VA: National Association of State Mental Health Program Directors. pubmed.ncbi.nlm.nih.gov/34666512

Crisis Response Logistics

California Landscape

- Population: 39.5 million
- Law Enforcement Agencies: 600
- Public Safety Answering Points (PSAPs): 440
- Counties: 58
- 988 Centers: 11
- Mobile Response Teams: unknown
- Co-responder Teams: unknown
- LA County (Psych Beds) Hospitals: 65

988 California Crisis Center Consortium Coverage Areas

Population coverage per center:

- **Didi Hirsch: 19.5 million**
- WellSpace: 5 million
- Optum: 3.5 million



CA988 Suicide and Crisis Lifeline Centers' Primary Call Coverage areas: October 2025	
	Crisis Support Services of Alameda County
	Bucklew Suicide Prevention Program
	Contra Costa Crisis Center
	Didi Hirsch Mental Health Services – Suicide Prevention Crisis Line
	Family Services Agency of the Central Coast – 988 Center
	Kern County Behavioral Health Recovery Services – Crisis Services
	Central Valley Suicide Prevention Hotline
	Optum – San Diego Access and Crisis Line
	Felton Institute – San Francisco and San Mateo Suicide Prevention
	Santa Clara County Behavioral Health Services – Crisis & Suicide Prevention Lifeline
	WellSpace Health Suicide Prevention and Crisis Services

988 | CRISIS CENTER CONSORTIUM
CALIFORNIA

911 to 988 Diversion: Dispatcher Needs

Thoughtful Collaboration

- Leadership and liability
- What is 988?
- Understanding scope
- Making sense
- Adjustments



911 and 988: Different Scopes and Working Together

Sgt. Chuck Coleman, LAPD



Ken Danziger, Didi Hirsch Crisis Line Shift Supervisor



When to Use 988

- I've been going through a hard time and need to find a therapist. Can you help me find someone?
- I just had a fight with my best friend and feel really upset. I don't want to kill myself; I just need to talk to someone.
- I feel sad and lonely all the time. I can't seem to shake it off and I don't know how much longer I can go on like this....
- I really need help. I'm having thoughts that are scaring me and don't think I can stay safe right now.
- My student is thinking about suicide, and I want to know how to support them.

WHAT HAPPENS WHEN YOU CONTACT 988?

A trained, caring, and compassionate crisis counselor will answer your call (or chat or text) and invite you to talk about what is going on.

As they listen to your story, they will also likely:

- Ask what they can call you (your first name)
- Ask a few demographic questions about you or the person you are calling about
- Ask suicide safety assessment questions
- Collaborate with you on a safety plan and/or next steps
- Provide you with local resources, if wanted
- Offer you a follow-up call, if needed

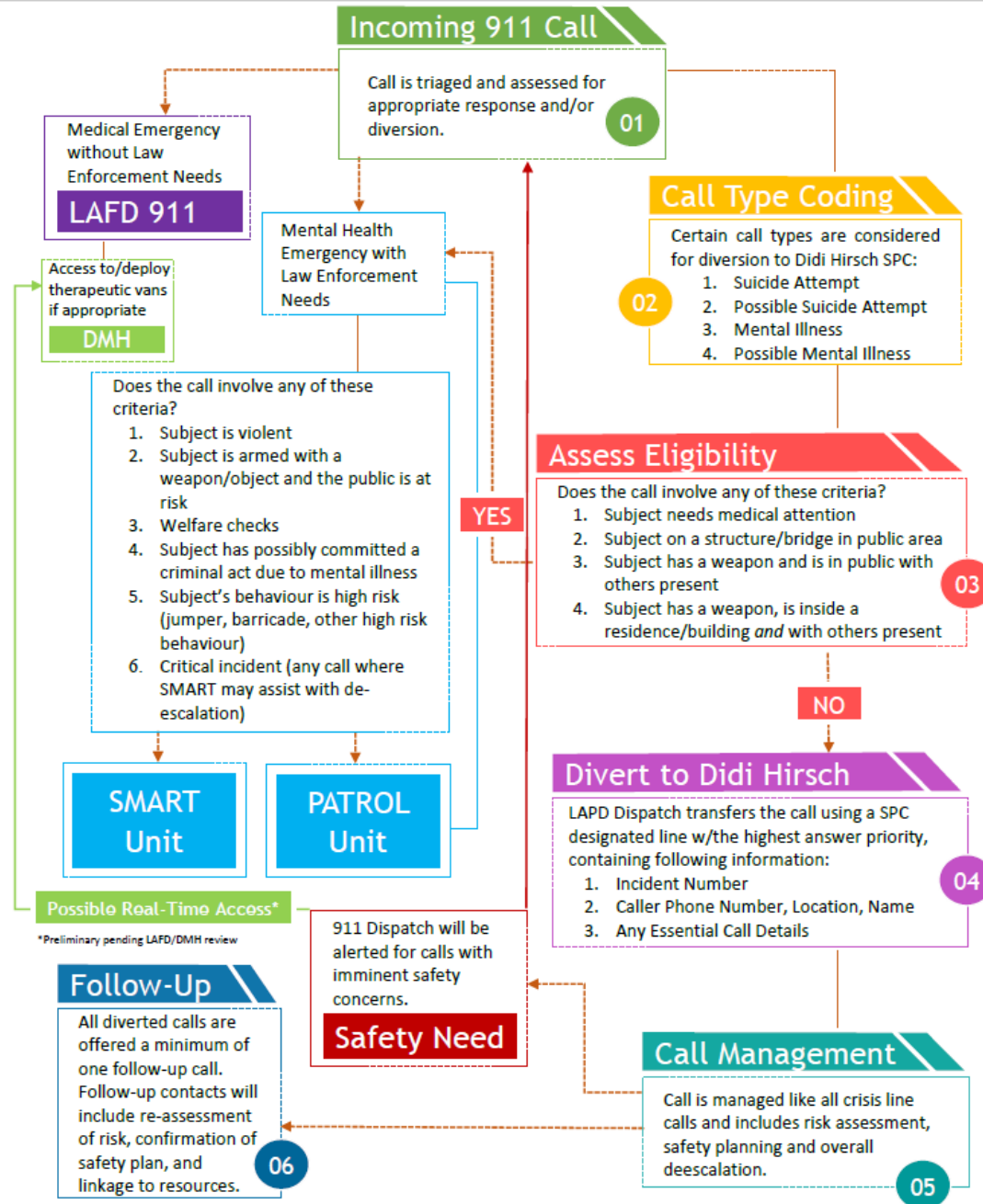
Eligibility Criteria for 911 Diversion

Does the call involve any of these criteria?

1. Does the person need medical attention?
2. Are they on a structure or bridge in a public area?
3. Do they have a weapon and are in public with others present?
4. Do they have a weapon and are inside a residence or building with others present?

If the answer is **yes** to *any* of the above: **do not transfer!**
If **no** to all the above: **transfer** call to Didi Hirsch!

LAPD 911 – DIDI HIRSCH 988 DIVERSION FLOW CHART



Outcome Highlights

- 90% of all diverted calls do not need an emergency response or immediate in-person care
- Less than 3% require 911 support
- Demographic differences:
 - Age
 - Gender
 - Race/Ethnicity
- Diverted call volume increases after every training, roll call visit, or sit-along

Case Study 1

- L. called 911 feeling threatened by unknown individuals who came into her home, destroying her property when she was not there. L. felt nobody believed her and had a hard time controlling her anxiety and suicidal thoughts. Having a crisis counselor listen without judgment helped calm L., and she agreed to a follow-up call.
- At the time of the follow-up call, L. was able to engage in safety assessment and planning. L. accepted resources and was especially grateful for having the Lifeline number to give to her 21-year-old son. L. wants him to have a number to call instead of 911, as he sometimes needs support when L. is having a hard time.

Case Study 2

- Distraught father M. called 911 about his 6-year-old daughter. She was very upset, couldn't stop crying, and said she just wished she were dead. M. was unable to calm her down and didn't know what else to do.
- After being diverted to Didi Hirsch, the crisis counselor assessed the situation with M. and asked to speak to his daughter. She was able to engage the little girl in breathing exercises which calmed her down significantly and de-escalated the crisis. M. was very grateful and glad to accept resources for his daughter and the family.

Successful 911-988 Diversion: What It Takes

- Early steps in the process:
 - Technology and interoperability
 - Union support
 - Leadership support
- Community outreach and education
- 911 dispatch and crisis line cultures
 - Addressing dispatch hesitancy
 - Site visits or ride alongs
 - Call listening and debriefing sessions
- Ongoing training
- Roll call visits
- Regular and frequent meetings or check-ins
- Constant and consistent quality assurance
- Detailed reporting on outcomes

911 Diversion: Program Phases

Consulting



- Requires multiple meetings
- Program overview
- Materials sharing
- Readiness assessment
- Discuss funding
- Coordinate with PSAP to develop an ROI

Onboarding



- Partner planning meetings
- Memoranda of Understanding (MOU) and Statement of Work (SOW) development
- Training
- Technology setup
- Crisis line coordination
- Reporting

Implementation



- Progress review and support
- Data review
- Troubleshoot tech issues
- Assess marketing needs

Maintenance



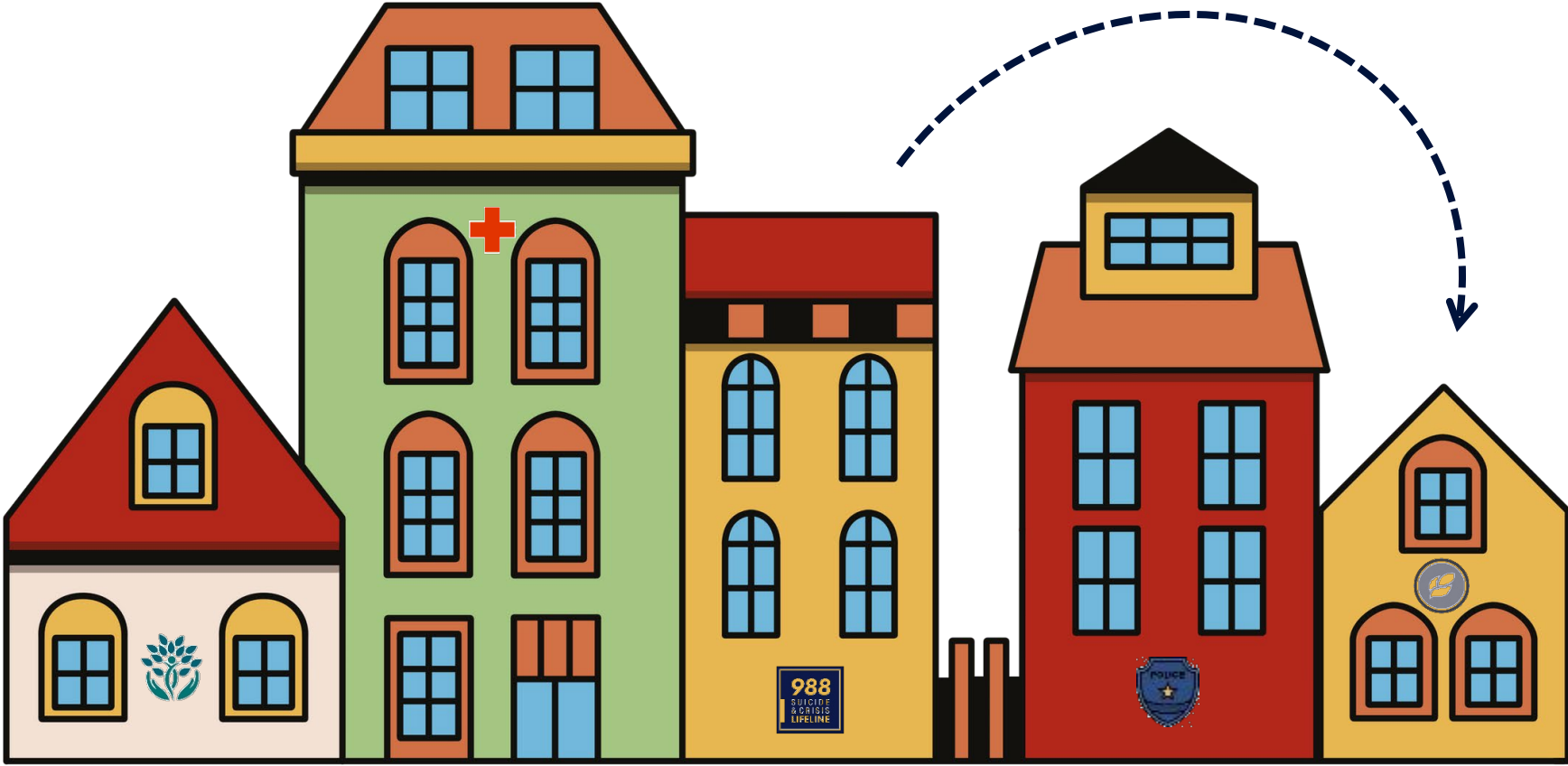
- Quality assurance
- Protocol and training updates
- QI team reviews
- Reporting and newsletters
- Strengthen partnership
- Support PSAP community events

Aspiration for ACR in LA County



Individuals experiencing a mental health crisis in LA County are treated **quickly, effectively,** and **with empathy** at the *least restrictive* level of care to meet their short- and long-term needs in the mental health system as appropriate so that they can remain in their community.

CROSS-AGENCY COLLABORATIONS



COUNSELING

HOSPITAL

CRISIS

POLICE

RESPITE

Successful Collaborations: Closing Gaps

- Addressing dispatch hesitancy
- Follow-up care
 - More community outreach and education
 - Co-responder and non-law-enforcement dispatch by the crisis center (ambulance, psychiatric mobile response, bed registries, crisis respite centers adults/children, etc.)
- Secondary PSAP diversion
- Dedicated funding
- Community advisory



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Thank You

Sandri Kramer

Senior Director, Training & Community Engagement
skramer@didihirsch.org

Questions



Upcoming 988 CSR-TTAC Events



[Upcoming Events, 988
Crisis Systems Help](#)

Workforce Wellness Series: Supporting Wellness Through Supervision

January 15, 2026

2:00pm – 3:30pm ET

Suicide Prevention in Follow-Up Care: Strengthening Safety Planning and Risk Monitoring

January 29, 2026

1:00pm – 2:30pm ET

Certificate of Attendance

Available by Request

[988 CSR-TTAC Event Attendance Certificate
Request 01-07-2026](#)



We Value Your Feedback!

Please take a minute to complete the evaluation poll on your screen.



988 CRISIS SYSTEMS RESPONSE

TRAINING &
TECHNICAL
ASSISTANCE
CENTER

Funded by the Substance Abuse and Mental Health Services Administration

Thank you for attending!

Have additional questions?

Email us: support@988crisisttac.org

This project is supported by the Substance Abuse and Mental Health Services Administration (SAMHSA), the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. The Crisis Systems Response Training & Technical Assistance Center works in conjunction with the 988 Suicide & Crisis Lifeline. In 2020, Congress designated the new 988 dialing code to be operated through the existing National Suicide Prevention Lifeline. SAMHSA sees 988 as a first step towards a transformed crisis care system in America.

Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of SAMHSA or the 988 Suicide & Crisis Lifeline.

SAMHSA
Substance Abuse and Mental Health
Services Administration



Text description of map (CA988 Suicide and Crisis Lifeline Centers' Primary Call Coverage Areas: October 2025), slide 23

Coverage Area	Counties Covered
Crisis Support Services of Alameda County	Alameda
Buckelew Suicide Prevention Program	Lake, Marin, Mendocino, Sonoma
Contra Costa Crisis Center	Contra Costa
Didi Hirsch Mental Health Services – Suicide Prevention Crisis Line	Los Angeles, Orange, Riverside, San Bernardino, Santa Barbara, Ventura
Family Services Agency of the Central Coast – 988 Center	Monterey, San Benito, Santa Cruz
Kern County Behavioral Health Recovery Services – Crisis Services	Kern
Central Valley Suicide Prevention Hotline	Fresno, Kings, Madera, Mariposa, Merced, Stanislaus, Tulare
Optum – San Diego Access and Crisis Line	Imperial, Inyo, San Diego
Felton Institute – San Francisco and San Mateo Suicide Prevention	San Francisco, San Mateo
Santa Clara County Behavioral Health Services – Crisis & Suicide Prevention Lifeline	Santa Clara
WellSpace Health Suicide Prevention and Crisis Services	Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Lassen, Modoc, Mono, Napa, Nevada, Placer, Plumas, Sacramento, San Joaquin, San Luis Obispo, Shasta, Sierra, Shasta, Siskiyou, Solano, Sutter, Tehama, Trinity, Tuolumne, Yolo, Yuba

Text description of flowchart, slide 29

Top box: 1 Incoming 911 Call - Call is triaged and assessed for appropriate response and/or diversion. There are **3 paths** from this box. **Path 1** from the top box: **2 Call Type Coding** - Certain call types are considered for diversion to Didi Hirsch SPC: 1 Suicide Attempt; 2 Possible Suicide Attempt; 3 Mental Illness; 4 Possible Mental Illness. This connects to another **box: 3 Assess Eligibility** - Does the call involve any of these criteria? 1 Subject needs medical attention. 2 Subject on a structure/bridge in public area. 3 Subject has a weapon and is in public with others present. 4 Subject has a weapon, is inside a residence/building and with others present. **This connects** to YES and No. If YES, Mental Health Emergency with Law Enforcement Needs includes **one path** to PATROL unit and **another path** to Does the call involve any of these criteria? 1 Subject is violent. 2 Subject is armed with a weapon/object, and the public is at risk. 3 Welfare checks. 4 Subject has possibly committed a criminal act due to mental illness. 5 Subject's behavior is high-risk (jumper, barricade, other high-risk behavior). 6 Critical incident (any call where SMART may assist with de-escalation). This **box has paths** to SMART unit and PATROL unit boxes. If NO, it **connects to another box: 4 Divert to Didi Hirsch** - LAPD Dispatch transfers the call using a SPC designated line w/the highest answer priority, containing following information: 1 Incident Number. 2 Caller Phone Number. Location, Name. 3 Any Essential Call

Details. This **connects to another box: 5 Call Management** - Call is managed like all crisis line calls and includes risk assessment, safety planning and overall deescalation. This **connects to two paths**: one goes to **6 Follow-Up** - All diverted calls are offered a minimum of one follow-up call. Follow-up contacts will include re-assessment of risk, confirmation of safety plan, and linkage to resources. This is the end of the first path from the top box. **The other path** links to Safety Need - 911 Dispatch will be alerted for calls with imminent safety concerns. This links back up to the top box. **Path 2** from the top box goes to a box: LAFD 911 - Medical Emergency without Law Enforcement Needs. This links to DMH - Access to/deploy therapeutic vans if appropriate. An arrow points to this box from Possible Real-Time Access (Preliminary pending LAPD/DMH review). **Path 3** from the top box goes to a box: Mental Health Emergency with Law Enforcement Needs. This has **2 paths from it**. **One path** links directly to PATROL Unit. **The other path** goes to this box: Does the call involve any of these criteria? 1 Subject is violent. 2 Subject is armed with a weapon/object, and the public is at risk. 3 Welfare checks. 4 Subject has possibly committed a criminal act due to mental illness. 5 Subject's behavior is high-risk (jumper, barricade, other high-risk behavior). 6 Critical incident (any call where SMART may assist with de-escalation). This **box has 2 paths to boxes**: SMART Unit and PATROL Unit.