



Kern County Sheriff's Office
Policies and Procedures

TITLE: Mental Health Crisis Response			NO: H-0550
APPROVED: Donny Youngblood, Sheriff-Coroner			
EFFECTIVE: February 1, 1993	REVIEWED: 05/22/2025	REVISED: 05/22/2025	UPDATED: 05/22/2025

POLICY

When used in this policy, the terms “officer,” “peace officer,” “deputy,” “deputies,” or “operators” shall include Sheriff’s Deputies, Detentions Deputies, and Park Rangers.

This policy provides deputies of the Kern County Sheriff’s Office guidance on recognizing a person in a mental health crisis, guidance in how to respond to a person in a mental health crisis, and guidelines for taking a person into custody for psychiatric evaluation and treatment (Welfare and Institutions Code § 5150).

It is the policy of the Kern County Sheriff’s Office to protect the public and individuals through the legal and appropriate use of the 72-hour treatment and evaluation commitment process.

DEFINITIONS

Mental health crisis – An event or experience in which an individual’s normal coping mechanisms are overwhelmed, causing them to have an extreme emotional, physical, mental, and/or behavioral response. Symptoms may include emotional reactions such as fear, anger, or excessive giddiness; psychological impairments such as inability to focus, confusion, or nightmares, and potentially even psychosis; physical reactions like vomiting/stomach issues, headaches, dizziness, excessive tiredness, or insomnia; and/or behavioral reactions including the trigger of a “freeze, fight, or flight” response. Any individual can experience a crisis reaction regardless of previous history of mental illness.

Mental illness – An impairment of an individual’s normal cognitive, emotional, or behavioral functioning, caused by physiological or psychosocial factors. A person may be affected by mental illness if they display an inability to think rationally (e.g., delusions or hallucinations); exercise adequate control over behavior or impulses (e.g., aggressive, suicidal, homicidal, sexual); and/or take reasonable care of their welfare with regard to basic provisions for clothing, food, shelter, or safety.

Virtual MET (VMET) – Utilizes technology to provide individuals experiencing a mental health crisis with direct and immediate access to a mental health professional. This is accomplished through the use of a video conferencing on a department issued mobile device, similar to “Zoom”. The “ZOOM” application is in compliance with all HIPAA restrictions.

CMET (MET Unit Assigned to Communications Center) – CMET is a member of the MET team who is assigned to the Sheriff’s Office Communications Center.

CMET’s primary function is to triage callers who may be suffering from mental illness who call into Sheriff’s Office Communications Center. CMET will determine if the subject requires 988, law enforcement with MET response, or if CMET can handle the call on their own using Kern County Behavioral Health (KCBH) resources and procedures.

Sheriff’s Office Communications Center will refer mental health calls to the CMET unit whenever CMET is available.

Sheriff’s Office Communications Center staff may use personal discretion due to time sensitivity, considering officer and public safety, and not transfer a caller/subject in crisis, armed, or causing a public threat.

Please refer to the attached dispatch protocols for further information.

RECOGNIZING MENTAL HEALTH CRISIS

Only a trained mental health professional can diagnose mental illness, and even they may sometimes find it difficult to make a diagnosis. Deputies are not expected to diagnose mental or emotional conditions, but rather to recognize behaviors that are potentially indicative of a person in crisis, with special emphasis on those that suggest potential violence and/or danger. The following are generalized signs and symptoms of behavior that may suggest an individual is experiencing a mental health crisis, but each should be evaluated within the context of the entire situation. However, deputies should not rule out other potential causes, such as effects of alcohol or psychoactive drugs, temporary emotional disturbances that are situational, or medical conditions.

Other potential causes include, but are not limited to:

- Strong and unrelenting fear of persons, places, or things.
- Extremely inappropriate behavior for a given context.
- Frustration in new or unforeseen circumstances; inappropriate or aggressive behavior in dealing with the situation.
- Memory loss related to such common facts as name or home address, although these may be signs of other physical ailments such as injury, dementia, or Alzheimer’s disease.
- Delusions, defined as the belief in thoughts or ideas that are false, such as delusions of grandeur (“I am Christ”) or paranoid delusions (“Everyone is out to get me”).
- Hallucinations of any of the five senses (e.g., hearing voices, feeling one’s skin crawl, smelling strange odors, seeing things others cannot see).
- The belief that one suffers from extraordinary physical ailments that are not possible, such as people who are convinced that their heart has stopped beating for extended periods of

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time.

- Obsession with recurrent and uncontrolled thoughts, ideas, and images.
- Extreme confusion, fright, paranoia, or depression.
- Feelings of invincibility.
- Suicidal statements or ideations.

RESPONSE TO A PERSON IN A MENTAL HEALTH CRISIS

When a deputy determines that an individual is experiencing a mental health crisis or they are responding to a call for service involving an individual in a mental health crisis and is a potential threat to themselves, the deputies, or others, law enforcement intervention may be required. In these types of calls, the Mobile Evaluation Team (MET) or Virtual MET (VMET) shall be given preference in responding with deputies to handle these types of calls if MET or VMET is available. Deputies that have attended the 40-hour POST Crisis Intervention Training (CIT) shall also be given preference in handling these calls for service if MET or VMET is unavailable. CIT-trained deputies shall be assigned across all shifts and days of the week to ensure proper coverage to handle these types of calls.

Any deputy handling a call involving an individual in a mental health crisis and/or who may qualify for a W&I 5150 commitment should employ de-escalation and crisis intervention techniques to resolve any conflict safely. The following de-escalation and crisis intervention techniques shall be used unless time and circumstances prohibit their employment:

- Request a backup deputy.
- Request assistance from individuals with specialized training in dealing with mental illness or crisis situations (e.g., Crisis Intervention Trained (CIT) deputies, Joint Evaluation Team (JET), Mobile Evaluation Team (MET), CMET, Virtual MET (VMET), or crisis negotiator). It is preferred to have those with specialized training handle these types of calls unless the circumstances are exigent and/or cannot be handled by individuals with specialized training.
- Take steps to calm the situation. Where possible, eliminate emergency lights and sirens, disperse crowds, lower radio volume, and assume a quiet nonthreatening manner when approaching or conversing with the individual. Where violence or destructive acts have not occurred, avoid physical contact, and take time to assess the situation. Deputies should operate with the understanding that time is an ally and there is no need to rush or force the situation.
- Create increased distance, if possible, in order to provide the deputy with additional time to assess the need for force options.
- Utilize environmental controls, such as cover, concealment, and barriers to help manage the volatility of situations.
- Move slowly and do not excite the individual. Provide reassurance that deputies are there to help and that the individual will be provided with appropriate care.

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- Ask the individual’s name or by what name they would prefer to be addressed and use that name when talking with the individual.
- Communicate with the individual in an attempt to determine what is bothering them. If possible, speak slowly and use a low tone of voice. Relate concern for the individual’s feelings and allow the individual to express feelings without judgment.
- Where possible, gather information on the individual from acquaintances or family members and/or request professional assistance, if available and appropriate, to assist in communicating with and calming the individual.
- Do not threaten the individual with arrest, or make other similar threats or demands, as this may create additional fright, stress, and potential aggression.
- Avoid topics that may agitate the individual and guide the conversation toward subjects that help bring the situation to a successful conclusion. It is often helpful for deputies to apologize for bringing up a subject or topic that triggers the person in a mental health crisis. This apology can often be a bridge to rapport building.
- Attempt to be truthful with the individual. If the individual becomes aware of a deception, they may withdraw from the contact in distrust and may become hypersensitive or retaliate in anger. In the event an individual is experiencing delusions and/or hallucinations and asks the deputy to validate these, statements such as “I am not seeing what you are seeing, but I believe that you are seeing (the hallucination, etc.)” are recommended. Validating and/or participating in the individual’s delusion and/ or hallucination is not advised.

While these steps are encouraged, nothing in this section is intended to dissuade deputies from taking reasonable action to ensure the safety of the deputies and others.

Deputies should consider a W&I 5150 commitment over arrest when mental health issues are a mitigating factor for people suspected of committing minor crimes or creating other public safety issues.

ASSESSING RISK

Most people in a mental health crisis are not violent, but some may present dangerous behavior under certain circumstances or conditions. Deputies may use several indicators to assess if a person presents a potential danger to themselves or others. These include, but are not limited to:

- The availability of any weapons.
- Threats of harm to self or others or statements by the person that suggest that they are prepared to commit a violent or dangerous act. Such comments may range from subtle innuendo to direct threats that, when taken in conjunction with other information, paint a more complete picture of the potential for violence.
- A personal history that reflects prior violence under similar or related circumstances.
- The amount of self-control that the person exhibits, particularly the amount of physical control, over emotions such as rage, anger, fright, or agitation.
- Indications of substance use, as these may alter the individual’s self-control and negatively

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influence a deputy's capacity to effectively use de-escalation strategies.

- Aggressive behaviors such as advancing on or toward a deputy, refusal to follow directions or commands combined with physical posturing, and verbal or nonverbal threats.

Failure to exhibit violent or dangerous behavior prior to the arrival of deputies does not guarantee there is no danger. Persons suffering from a mental health crisis may change their behavior from calm to aggressive and/or physically resistive depending on any number of external triggers, such as the presence of law enforcement or family members.

AUTHORITY TO PLACE A W&I 5150 COMMITMENT

A deputy having probable cause may take a person into custody and place the person in an approved mental health facility for 72-hour treatment and evaluation when the deputy believes that, as a result of a mental disorder or a mental health crisis, the person is a danger to themselves or others or the person is gravely disabled (W&I 5150; W&I 5585.50).

When determining whether to take a person into custody, deputies are not limited to determining whether the person is an imminent danger and shall consider reasonably available information about the historical course of the person's mental disorder, which may include evidence presented from any of the following (W&I 5150; W&I 5150.05):

- An individual who is providing or has provided mental health treatment or related support services to the person.
- A family member.
- The person subject to the determination or anyone designated by the person.
- Witnesses to the person's behavior or acts.
- Knowledge of the individual's mental disorder(s) or mental health crisis history.
- Available information that might assist in determining the cause and nature of the person's action or stated intentions.
- Community or neighborhood mediation services.

Deputies will assess the circumstances surrounding the person in crisis by investigating the individual's behavior balanced with the safety of others and the person in crisis.

ADVISEMENT

The deputy taking a person into custody for evaluation shall read them the "DETAINMENT ADVISEMENT" from the Department of Health Care Services form DHCS 1801.

The advisement shall be given in a language the person understands. If the person cannot understand an oral advisement, the information shall be provided in writing (W&I 5150). If the deputy cannot complete the advisement, good cause should be documented on the form.

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VOLUNTARY EVALUATION

If a deputy encounters an individual in a mental health crisis and/or who may qualify for a W&I 5150 commitment, they may inquire whether the person desires to be evaluated at an appropriate facility voluntarily.

If the person so desires, the deputies shall:

- Transport the person to an appropriate facility to have an evaluation completed by a mental health professional and admit the person under a W&I 5150 commitment.
- If the person changes their mind regarding voluntary evaluation at any point, deputies shall proceed with a W&I 5150 commitment, if appropriate.
- Document the circumstances surrounding the individual's desire to pursue voluntary evaluation and/or admission.

SECURING OF PROPERTY

When a person is transported for a voluntary evaluation or taken into custody for evaluation under W&I 5150, or within a reasonable time after that, the deputy shall take reasonable precautions to safeguard the individual's personal property in their possession or on the premises occupied by the individual, unless a responsible relative, guardian, or conservator is already in possession of the property.

When the deputy takes a person into custody, the deputy shall write a report that describes the person's property and what happened to it. The report should follow the format provided in W&I 5211. However, if a responsible person took possession of the property, the deputy should only include the name of the responsible person and the location of the property (W&I 5150).

TRANSFER TO APPROPRIATE FACILITY

Upon arrival at the facility, the deputy will escort the individual into a treatment area designated by a facility staff member. If the individual is not seeking treatment voluntarily, the deputy shall provide the staff member with the written application for a W&I 5150 commitment and, upon request, remain present to clarify the grounds for detention.

Absent exigent circumstances, the transporting deputy will not assist facility staff with the admission process, including restraint of the individual. However, if the individual is transported and delivered while restrained, the deputy may assist with transferring the individual to facility restraints and will be available to assist during the admission process if requested. Under normal circumstances, deputies will not apply restraints at the direction of facility staff.

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DOCUMENTATION

The deputy shall complete an application for up to 72-hour Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment, provide it to the facility staff member assigned to that patient, and retain a copy of the application for inclusion in the case report.

The application shall include:

- The circumstances for deputy involvement.
- The probable cause to believe the person is, as a result of a mental health disorder or mental health crisis, a danger to others or themselves or gravely disabled.
- All information used to determine probable cause.

The deputy shall also provide a verbal summary to any evaluating staff member regarding the circumstances leading to the involuntary detention.

CRIMINAL OFFENSES

Deputies investigating an individual suspected of committing a minor criminal offense and being taken on a W&I 5150 commitment should resolve the criminal matter by issuing a warning or a Notice to Appear as appropriate.

When an individual, who may qualify for a W&I 5150 commitment, has committed a criminal offense that would typically result in an arrest and transfer to a jail facility, the deputy shall:

- Arrest the individual when there is probable cause to do so.
- Facilitate the individual's transfer to jail.
- Notify the jail staff of the facts that would support the W&I 5150 commitment.
- Thoroughly document the circumstances that indicate the individual may qualify for a W&I 5150 commitment.
- Refer to DBPPM H-1100 for further information on the procedures needing psychiatric care while in custody.

FIREARMS AND OTHER WEAPONS

Whenever a person is taken into custody for a W&I 5150 commitment, the handling deputy shall seek to determine if the person owns or has access to any firearm or other deadly weapon defined in W&I 8100. Deputies should consider whether it is appropriate and consistent with current search and seizure law under the circumstances to seize any such firearms or other dangerous weapons (e.g., safekeeping, evidence, consent).

Pursuant to W&I 8102, when the subject being detained under W&I 5150 is found to be in

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possession or control of any firearm whatsoever, that firearm shall be confiscated by deputies. If a firearm is confiscated, the investigating deputy shall complete form 2210-2025 (Firearm Confiscation Receipt) and leave the receipt with the detainee or at the detainee's residence.

Deputies are cautioned that a search warrant may be needed before entering a residence or other place to search unless lawful warrantless entry has already been made (e.g., exigent circumstances, consent). A search warrant may also be needed before searching for or seizing weapons.

The handling deputies shall issue a receipt describing the deadly weapon or any firearm seized and list any serial number or other identification on the firearm. Deputies shall advise the person of the procedure for the return of any firearm or other weapon that has been taken into custody (W&I 8102 (b)).

PETITION FOR RETURN OF FIREARMS AND OTHER WEAPONS

Whenever the handling deputy has cause to believe that the future return of any confiscated weapon might endanger the person or others, the deputy shall detail those facts and circumstances in a report. The report shall be forwarded to the Crimes Against Person Unit, which shall be responsible for initiating a petition to the Superior Court for a hearing per W&I 8102(c) to determine whether the weapon will be returned.

The petition to the Superior Court shall be initiated within 30 days of the release of the individual from whom such weapon has been confiscated, unless the Sheriff's Office makes an ex parte application to the court to extend the time to file such a petition, up to a maximum of 60 days. At the time any such petition is initiated, the Sheriff's Office shall send a written notice to the individual informing them of the right to a hearing on the issue, that they have 30 days to confirm with the court clerk any desire for a hearing, and that the failure to do so will result in the forfeiture of any confiscated weapon.

TRAINING

The Kern County Sheriff's Office will continue to provide ongoing Peace Officer Standards and Training (POST) approved advanced officer training on interaction with persons with mental disabilities, W&I 5150 commitments, and crisis intervention to dispatchers, patrol deputies, custodial deputies, and supervisors.

SUBJECTS WITH INDICIA OF MENTAL ILLNESS – CUSTODIAL

When taking a person with indicia of mental illness into custody, deputies shall evaluate the totality of the circumstances, including the age, physical condition, and stature of a person with a mental illness and consider using tactical de-escalation techniques and tactical disengagement when practical.

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Department members who have identified arrestees with mental health needs shall ensure that treatment and basic health services be provided by qualified staff. Qualified staff will verify that coordinated health services and care are integrated, an arrestee's medical and mental health needs are met, and identifying the impact of the medical and mental health needs on each other are adequately addressed (State of California, Board of State and Community Corrections, Title 15, Section 1209).

REPORTING

When a peace officer is dispatched to or otherwise comes in contact with a person suspected of being a danger to himself or herself or to others, the deputy shall request a Mental Health Mobile Evaluation Team (MET) member respond to the scene or Virtual MET (VMET) if in an outlying area. In the event a (MET or VMET) member is not available and the person is not transported to a mental health facility, the deputy shall complete an informational report containing the details of the contact and forward the report to mental health for possible follow up.

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Entering and Dispatching Mental Health Calls for Service

Kern County Sheriff's Office

This document serves as protocols for entering and dispatching calls for service involving mental health or suspected mental health situations.

Definitions

Mental health crisis – An event or experience in which an individual's normal coping mechanisms are overwhelmed, causing them to have an extreme emotional, physical, mental, and/or behavioral response. Symptoms may include emotional reactions such as fear, anger, or excessive giddiness; psychological impairments such as inability to focus, confusion, or nightmares, and potentially even psychosis; physical reactions like vomiting/stomach issues, headaches, dizziness, excessive tiredness, or insomnia; and/or behavioral reactions including the trigger of a “freeze, fight, or flight” response. Any individual can experience a crisis reaction regardless of previous history of mental illness.

Mental illness – An impairment of an individual's normal cognitive, emotional, or behavioral functioning, caused by physiological or psychosocial factors. A person may be affected by mental illness if they display an inability to think rationally (e.g., delusions or hallucinations); exercise adequate control over behavior or impulses (e.g., aggressive, suicidal, homicidal, sexual); and/or take reasonable care of their welfare with regard to basic provisions for clothing, food, shelter, or safety.

Recognizing Mental Health Crisis

Only a trained mental health professional can diagnose mental illness, and even they may sometimes find it difficult to make a diagnosis. Call takers, dispatchers, or deputies are not expected to diagnose mental or emotional conditions, but rather to recognize behaviors that are potentially indicative of a person in crisis, with special emphasis on those that suggest potential violence and/or danger. The following are generalized signs and symptoms of behavior that may suggest an individual is experiencing a mental health crisis, but each should be evaluated within the context of the entire situation. However, call takers, dispatchers and deputies should not rule out other potential causes, such as effects of alcohol or psychoactive drugs, temporary emotional disturbances that are situational, or medical conditions.

Other potential causes include, but are not limited to:

- Strong and unrelenting fear of persons, places, or things.
- Extremely inappropriate behavior for a given context.
- Frustration in new or unforeseen circumstances; inappropriate or aggressive behavior in dealing with the situation.
- Memory loss related to such common facts as name or home address, although these may be signs of other physical ailments such as injury, dementia, or Alzheimer's disease.
- Delusions, defined as the belief in thoughts or ideas that are false, such as delusions of grandeur (“I am Christ”) or paranoid delusions (“Everyone is out to get me”).

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- Hallucinations of any of the five senses (e.g., hearing voices, feeling one's skin crawl, smelling strange odors, seeing things others cannot see).
- The belief that one suffers from extraordinary physical ailments that are not possible, such as people who are convinced that their heart has stopped beating for extended periods of time.
- Obsession with recurrent and uncontrolled thoughts, ideas, and images.
- Extreme confusion, fright, paranoia, depression, or symptoms reflective of PTSD.
- Feelings of invincibility.
- Suicidal statements or ideations.

Refer to KCSOPPM H-0550 for further information on mental health crisis responses for Sheriff's Office staff. If additional assistance is needed, contact the on-duty dispatch supervisor.

Note: For clarification, "subject" and "caller," do not have to be the same person and they are used interchangeably in this document.

Overview of Call Types and Responses (See details below)¹

<u>Call Type</u>	<u>Name</u>	<u>When Used</u>	<u>Action</u>
CTW	Check the Welfare	Mental Health Crisis	1. Dispatch Deputy (CIT – Trained preferred) 2. Notify MET
MET	MET call	MET evaluation required but LE not required	1. Notify MET
MHC	Mental Health Check	Previously established MH issues	1. Notify MET 2. If MET not logged on, notify sergeant or lieutenant
988	988 Transfer (from KCSO to 988)	Caller is in crisis. May be suicidal with no plans, means or weapons. Call can be transferred even if LE/MET are responding.	1. KCSO transfers to 988. 2. 988 will notify MET 3. 988 or MET may determine if LE is required.
988	988 Transfer (from 988 to KCSO)	Triage to determine appropriate response	1. Dispatch/call taker talks to caller/subject
CMET	MET personnel assigned to Communications Center	Triage to determine appropriate response	1. KCSO transfers call to CMET. 2. CMET talks to caller/subject

¹ Priority of each call is determined on a case-by-case basis, based upon the circumstances known to or perceived by the dispatcher/call taker.

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Check the Welfare (CTW) – Deputy Response

Call takers or dispatchers will enter a CTW, and a deputy will be dispatched when (not all criteria need to be met):

- Subject may exhibit crisis behavior.
- Subject is suicidal or making suicidal/self-harm statements.
- Subject has a plan with means.
- Subject is armed.
- A request has been made for the MET team or for a mental health evaluation/5150 evaluation of any person who is in crisis or needs mental health assistance.

Dispatchers will dispatch the MET team whenever possible to accompany deputies. If a MET unit is unavailable at the time of dispatch, they will be dispatched when they become available unless the call has been closed and/or resolved. If a MET unit does not become available, the deputy will handle the call for service.

In these types of calls, MET team shall be given preference in responding with deputies to handle these types of calls if MET is available. Deputies that have attended the 40-hour POST Crisis Intervention Training (CIT) shall also be given preference in handling these calls for service if MET is unavailable. In the event not all patrol deputies are CIT trained, dispatcher/call taker will request that a CIT-trained deputy respond, if feasible.

As previously stated, the caller and subject do not have to be the same. The caller can request a CTW for a person with secondhand information with a concern that someone is in crisis or needs immediate mental health assistance or a 5150 evaluation.

MET Call Type

MET call type is used when a hospital, allied agency, or law enforcement personnel request the MET team or one or more of the following criteria is identified or established:

- Subject has been placed on a hold and needs to be re-evaluated.
- Suicidal and “code 4” with MET unit staff, law enforcement, medical staff, or school staff.
- Hospital or allied agency is requesting VMET (Virtual MET)
- Deputy has determined the subject needs contact from the MET team and has deemed the subject “safe” for a response without law enforcement.
- Subject has stated they have suicidal ideations and are admitted or in triage at the hospital.
- MET staff has requested a call entered for follow-up or referral.

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Mental Health Check (MHC)

MHC call type is used once it has been previously determined by the MET team or deputies that a caller suffers from - a documented history of mental health issues.

Call takers and dispatchers should check prior calls for service at the residence to understand whether a caller's current concerns are similar to concerns that have previously been determined to be the result of documented mental illness. In the event that the caller is reporting a different type of concern, a call for service is entered using the appropriate call type.

The following provides examples of when it is appropriate to enter an MHC call (not all criteria need to be met):

- Caller is not in mental health crisis (as described above).
- Caller is not suicidal or making threats of suicide or self-harm.
- Caller is not reporting a crime, or the report of the crime is due to previously documented psychosis/previously documented notes related to mental illness.
- Caller is a high utilizer, reporting similar/same situations as previously documented.
- Address alert documenting high utilizer/mental illness at the location or for the subject.
- Alert has been placed on the address by a lieutenant or higher rank advising that deputies will no longer respond to particular types of calls at the location. If the call involves circumstances or individuals not included in the alert, the appropriate call type will be used.
- Alert has been placed with information for alternate responsible staff/family for contact to confirm subject is not in need of services.

A page (Sheriff's paging system) with the information for the call for service is sent to the MET team group page. The call for service will remain open until we are advised by a MET unit that they have handled it. The MET team will handle it within 12 hours. If the MET team has not handled in 12 hours, the MET supervisor is notified. If no MET unit is logged on, the call is dispatched to the on-duty sergeant to determine if a deputy will respond. If the on-duty sergeant is unavailable, the on-duty watch lieutenant will be notified by dispatch.

988 Transfer

Call takers or dispatchers will transfer a caller to 988 when:

- Caller is suicidal or making threats to self-harm:
 - Caller doesn't have a plan.
 - Caller has unrealistic or no means.
 - Caller has a plan and unrealistic or no means.
 - Caller is not actively in crisis.
 - Caller is not causing a public safety hazard.

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- Deputies and/or MET are responding, and the subject is in crisis.
- Subject is a frequent caller/high utilizer:
 - Not in crisis or reporting a real crime (see MHC)
- Subject is not suicidal, but potentially suffering from mental illness.
 - Anxiety
 - Depression
 - General Sadness
 - Loneliness
 - Requesting 988
- Caller is requesting transportation to MKS for self-admittance.

988 staff will dispatch the mobile crisis units based on the above criteria. Mobile crisis units will request a deputy to respond with them if they believe there will be a problem or if there is a problem when they are on scene.

CMET (MET Unit Assigned to Communications Center)

CMET is a member of the MET team who is assigned to the Sheriff's Office Communications Center.

CMET's primary function is to triage callers who may be suffering from mental illness who call into Sheriff's Office Communications Center. CMET will determine if the subject requires 988, law enforcement with MET response, or if CMET can handle the call on their own using Kern County Behavioral Health (KCBH) resources and procedures.

Sheriff's Office Communications Center will refer mental health calls to the CMET unit whenever CMET is available.

Sheriff's Office Communications Center staff may use personal discretion due to time sensitivity, considering officer and public safety, and not transfer a caller/subject in crisis, armed, or causing a public threat.

MENTAL HEALTH CARE FACILITIES

There are known care facilities or home that provide care to those suffering from mental illness. A number of these homes have a direct contact to the Kern Behavioral Health Mobile Evaluation Team. In the event the client calls the Kern County Sheriff's Office from one of these homes, the call taker or dispatcher will contact on-site staff to determine if resources are available on-site. In the event the facility is unable to use their own resources, the call taker or dispatcher will follow the dispatch protocols for mental health calls for service.

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DEVIATIONS

No protocol can anticipate every conceivable situation or exceptional circumstance in which call takers or dispatchers may face. In all circumstances, call takers and dispatchers are expected to exercise sound judgment and critical decision making based on reverence for human life. Deviations for these basic protocol requirements may sometimes occur during exceptional circumstances. The on-duty dispatch supervisor and/or the Communications Center Manager will be notified of any deviations from this protocol.