Behavioral Health Crisis System Outcomes and Information Technology, 2025

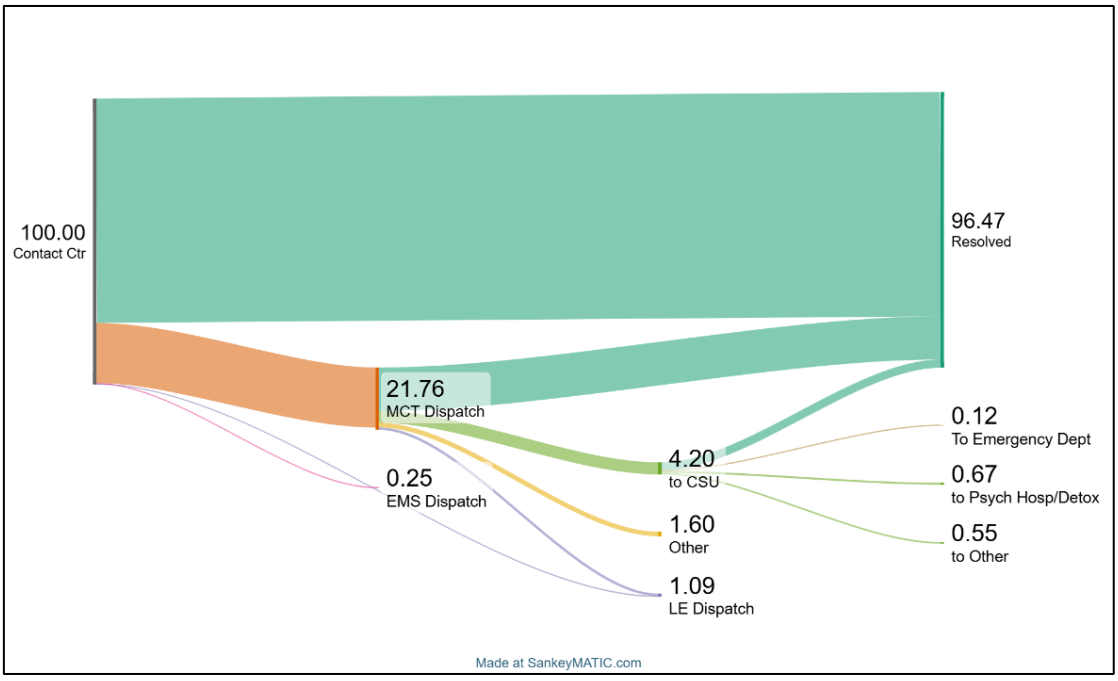
NRI's 2024-2025 State Profiles July 2025

Data Systems to Monitor Crisis Services

State Mental Health Agencies (SMHAs) are implementing comprehensive crisis systems, building on the "Someone to Talk To" set of 988/Lifeline crisis contact centers and other crisis contact centers, the "Someone to Respond" with mobile crisis teams (MCTs) designed to travel to help clients in crisis, and "A Safe Place for Help" with short-term crisis stabilization programs to immediately address crises and reduce the use of emergency rooms and jails.

When a state has all three crisis system components available, they are able to help most individuals in crisis without requiring intensive interventions such as psychiatric hospitalization or emergency room use. For example, Figure 1 shows data from one state where for every 100 contacts at their 988/crisis contact center, 78 percent were resolved by the crisis contact center without requiring additional interventions. MCT response was needed for 21 percent of individuals in crisis, and when dispatched, MCTs were able to resolve 72 percent of the crises without needing more intensive services. Twenty percent of MCT dispatches ended with transfer to a dedicated crisis stabilization service. Following care at a crisis stabilization program, 68 percent of individuals had their crisis resolved without needing more intensive services beyond linking to ongoing outpatient services. As a result, out of 100 crisis contacts, only 3.5 percent ended up requiring intensive servies, such as an emergency room or inpatient hospitalization.

Figure 1: Sample Chart of Impact of Behavioral Health Crisis Services, 2024



69% (Median)
of Crisis Contact Center Contacts Are Resolved* During the Contact

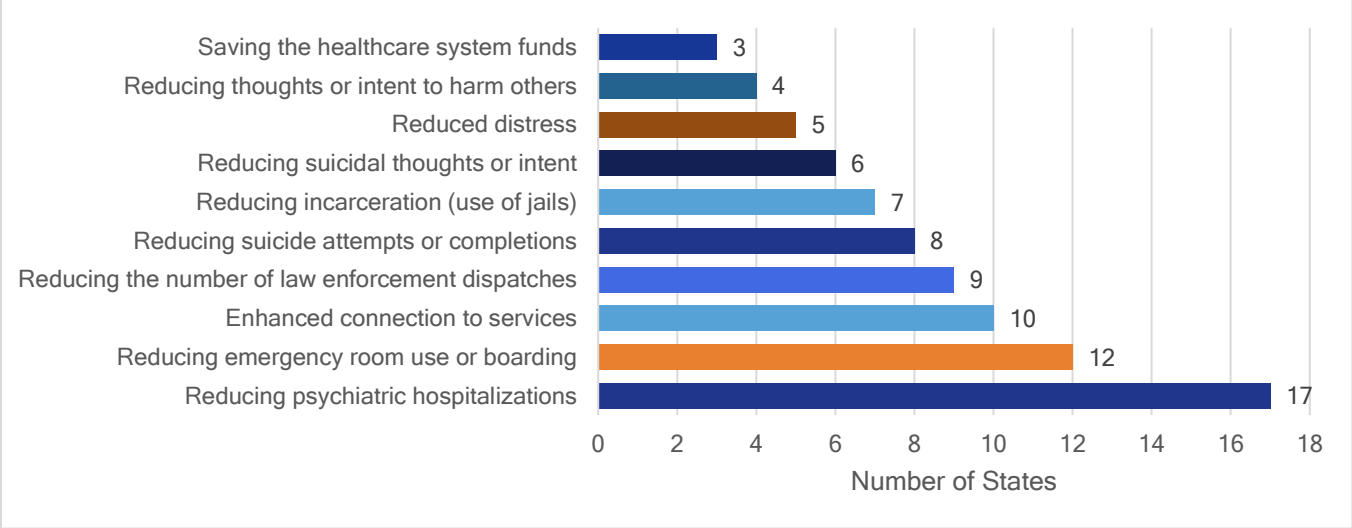
67% (Median)
of Mobile Crisis Team Dispatches Are Resolved with out More Intensive Services

1% (Median)
of Crisis Contact Center Contacts Result in Law Enforcement Being Dispatched

Tracking the impact of a comprehensive crisis system requires states to implement new data and outcome systems to monitor the effectiveness of these services. Thirty-four states have established data reporting requirements for crisis contact centers to report on their operations and outcomes. Thirty-three states have data reporting requirements for MCTs, 24 states have requirements for crisis stabilization services, and 21 states have data requirements for short-stay crisis residential facilities.

States are starting to measure the impact of these crisis services on clients. Figure 2 shows crisis system-related outcomes measured by states.

Figure 2: Number of States Collecting Measures of the Impact of Crisis Services, 2024-2025



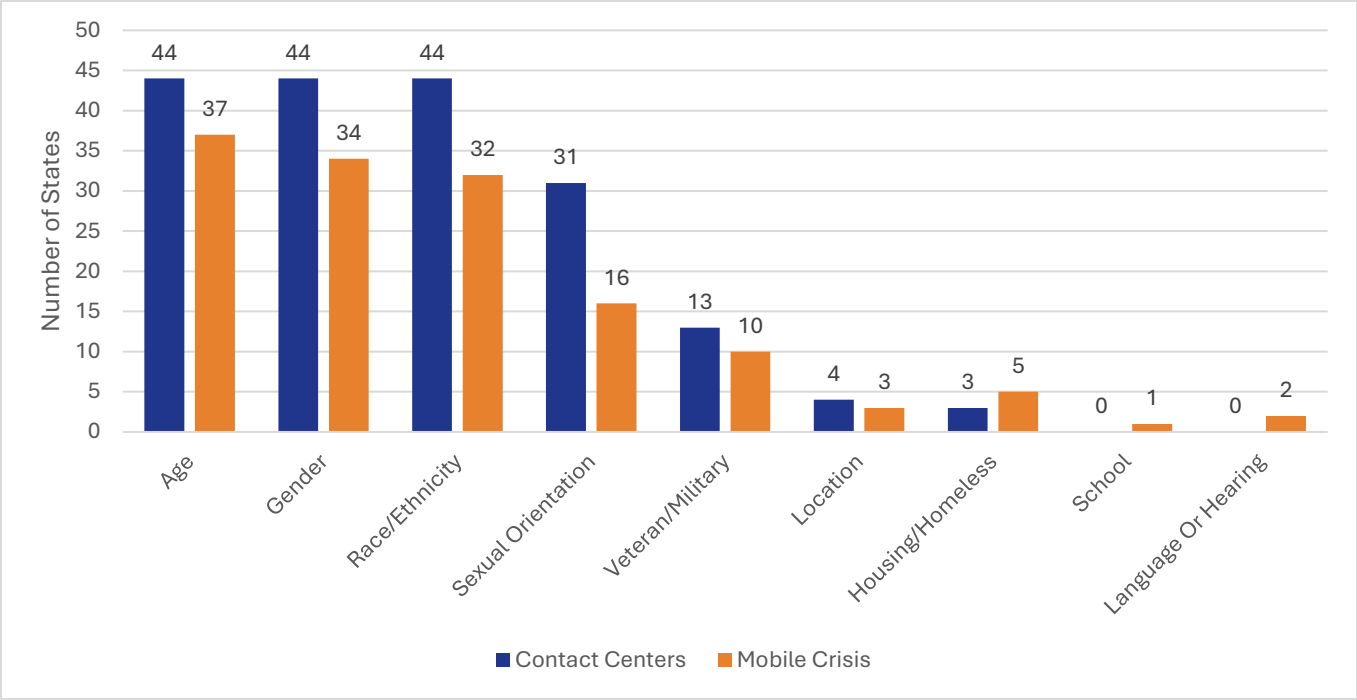
The most frequently collected measures of the impact of crisis services relate to reducing the use of psychiatric hospitalizations, reducing emergency room use or emergency room boarding, and connecting individuals in crisis to ongoing behavioral health services.

Use of Data Systems to Monitor Crisis Services

In 2024, 19 SMHAs operated systems that monitor data across the behavioral health crisis continuum; that is, tracking the flow of clients between the parts of the crisis system, such as crisis contact centers, MCTs, and crisis stabilization programs, and five states are in the process of purchasing or developing such a tracking system. These data systems were either built by the SMHA (12 states) or purchased from a vendor (7 states).

Most states are now collecting information about the demographics and other characteristics of individuals contacting crisis contact centers and receiving MCT services. Figure 3 shows that 44 states are collecting data on age, gender, and race of individuals calling, texting, or chatting with 988 or other crisis contact centers, and 37 states are collecting such information for individuals receiving MCT services. In addition to basic demographic information, many states are also collecting data on sexual orientation, veteran or military status, and housing (including homeless status) of individuals receiving crisis services (see Figure 3).

Figure 3: Number of States Collecting Client Demographic and Other Client Information by Crisis Contact Centers and Mobile Crisis Service, 2024



Crisis System Data Visualizations/Dashboards

To better allow the SMHA to monitor crisis service systems, 30 states have data dashboards that allow analysis and visualization of crisis services:

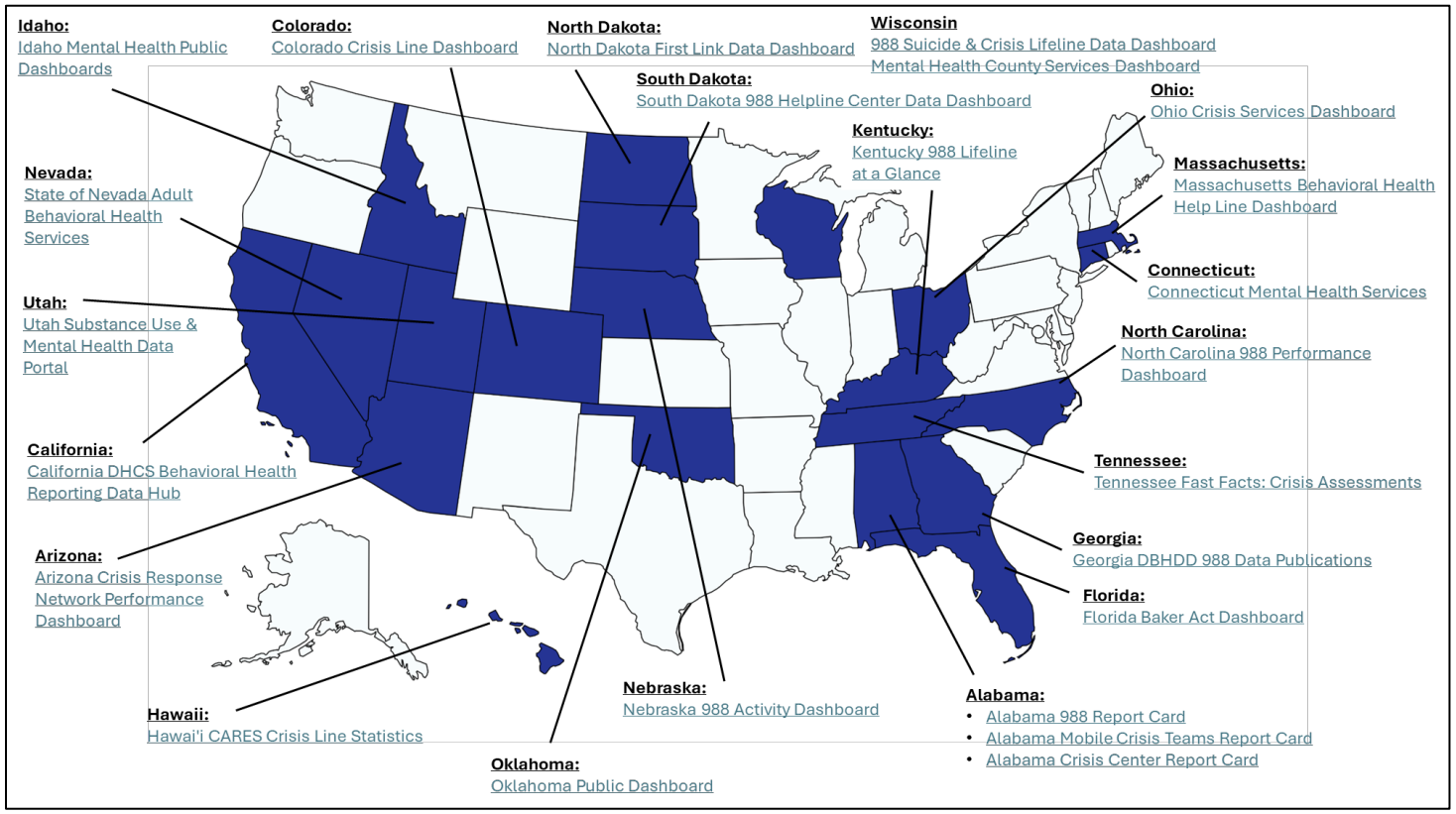
- Twenty-two states have crisis contact center dashboards (up from 16 states in 2023 and 11 states in 2022)
- Fourteen states have MCT service dashboards (up from 9 states in 2023 and 7 states in 2022)
- Eleven states have crisis stabilization dashboards (an increase from 6 states in 2023 and 2022)
- Ten states have dashboards that cover the entire crisis spectrum (up from 5 states in 2023, and 4 states in 2022)

Twenty-one states have a crisis services data dashboard that is available to the public, Figure 4.

AL	https://mh.alabama.gov/988-report-card/
AL	https://mh.alabama.gov/mobile-crisis-teams-report-card/
AL	https://mh.alabama.gov/crisis-center-report-card/
AZ	https://public.tableau.com/app/profile/crisis.network/viz/AZ600StatewideDashboard/AZ600StatewideDashboard
CA	https://behavioralhealth-data.dhcs.ca.gov/
CO	https://public.tableau.com/app/profile/crisis.network/viz/CO600CrisisLineDashboard/CO600CrisisLine
CT	www.ctmentalhealthservices.com
FL	https://www.myflfamilies.com/BakerActDashboard.

GA	www.988ga.org/data
HI	https://bh808.hawaii.gov/behavioral-crisis/
ID	https://drssqlprod02pv.dhw.state.id.us/Reports/report/Behavioral_Health/Summary_Dashboard/Mental_Health_Public_Dashboard
KY	https://www.ky988data.org/
MA	https://www.mass.gov/info-details/behavioral-health-help-line-dashboard
NC	https://dashboards.ncdhhs.gov/t/DMHDDSAS/views/988PerformanceDashboard112022thru102023_17002346658920/988Dashboard?%3Aembed=y&%3AisGuestRedirectFromVizportal=y
ND	https://myfirstlink.org/firstlink-data-dashboard/
NE	https://datanexus-dhhs.ne.gov/views/988ActivityDashboard_17132906644320/AbouttheData?%3Aembed=y&%3Aiid=1&%3AisGuestRedirectFromVizportal=y
NV	https://app.powerbigov.us/view?r=eyJrIjoiNGU3MmQyNjgtNWQzOS00NTIwLWE0YzctNTM2ZWQ1YjUxMjA3IiwidCI6ImU0YTM0MGU2LWI4OWUtNGU2OC04ZWFhLTE1NDRkMjcwMzk4MCJ9
OH	https://mha.ohio.gov/research-and-data/dashboards-and-maps/dashboards/tableau-resources/crisis-services-dashboard
OK	https://public.tableau.com/app/profile/crisis.network/viz/OKPublicDashboard/OKDashboard
SD	https://www.helplinecenter.org/9-8-8/data/
TN	https://www.tn.gov/behavioral-health/research/fast-facts/crisis-served.html
UT	https://sumh.utah.gov/data-portal-home/
WI	https://www.dhs.wisconsin.gov/crisis/988-data-dashboard.htm; https://www.dhs.wisconsin.gov/mh/county-services-dashboard.ht

Figure 4: Map of States with Public Crisis Dashboards, 2025



Outcomes Of Crisis Sevices By Crisis Service Setting

Someone to Talk To: Behavioral Health Crisis Contact Centers:

Every state supports at least one 988 Suicide and Crisis Lifeline behavioral health crisis contact center. The 988 contact centers are available 24/7 and staffed by clinicians that provide behavioral health crisis intervention via telephone, texting, and online chat. Two-hundred five 988 contact centers across the U.S. responded to 4.67 million contacts in FY2024. In addition to the 988 network of call centers, 33 states reported 349 additional behavioral health contact centers that existed before the 988 system that continue to respond to crisis calls using state or local crisis phone numbers. The non-988 contact centers are operated by community mental health centers, state mental health agencies, or state-funded managed care organizations, and responded to over 3 million crisis contacts last year.

On average, slightly more than 61 percent (median of 69 percent) of crisis contacts received by 988 or other crisis contact centers were successfully resolved without requirement immediate face-to-face follow-up interventions. Nearly 22 percent of contacts were supported by a consensual follow-up contact from the Crisis Center. On average, 15.6 percent of contacts ended with a referral for outpatient mental health or substance use services. An average of 4.9 percent (median of 3.4 percent) of contacts ended with an MCT dispatched, and even lower rates of Law Enforcement (average of 1.4 percent) or EMS (1.2 percent) response (see Table 1):

Table 1: Crisis Contact Center (988 and Other Center) Outcomes Being Tracked by States, 2024

	Number of states reporting	Average	Median	Minimum	Maximum
What percentage of calls require warm support only and did not need or desire a referral to community services	35	61.1%	69.0%	4.8%	96.8%
What percentage of contacts are supported by consensual follow-up contacts by the center (outbound calls) to enhance safety and connection to services	31	21.8%	13.0%	0.4%	90.0%
What percentage of contacts result in mobile crisis being contacted or dispatched	35	4.9%	3.4%	0.0%	21.0%
What percentage of contacts result in law enforcement being contacted or dispatched	30	1.4%	1.0%	0.0%	6.0%
What percentage of contacts result in emergency medical services (EMS) being dispatched	27	1.2%	1.0%	0.0%	4.0%
What percentage of contacts result in transfer to 911	27	1.6%	1.0%	0.0%	12.3%
What percentage of contacts result in outpatient mental health or substance use service (not-crisis) referrals	31	15.6%	13.0%	0.1%	78.3%

Someone to Respond: MCTs

MCTs are specialized crisis response teams that travel to meet with and assist an individual experiencing a crisis wherever they are. MCT responses typically involve at least two trained staff, with one being a licensed and/or credentialed clinician and a second responder who may be a Peer Specialist, other behavioral health responder, or EMT or other first responder. In 2024, 52 states and territories reported having 2,000 MCTs that responded to 890,753 individuals experiencing a crisis.

An average of 64.3 percent (median of 67 percent) of MCT dispatches were resolved during the initial encounter with the individual in crisis, and 33.3 percent ended with a referral for outpatient mental health or substance use treatment. Only 17.6 percent resulted in transport to a crisis stabilization program, and 15 percent were transported to an Emergency Room for additional care. On average, only 4.8 percent of MCT cases (median of 1.3 percent) resulted in law enforcement involvement (see Table 2).

Table 2: Mobile Crisis Team Outcomes Being Tracked by States, 2024

	Number of states reporting	Average	Median	Minimum	Maximum
Percentage of MCT dispatches successfully resolved	26	64.3%	67.0%	26.0%	95.0%
Percentage of MCT dispatches end with an individual needing additional care at a crisis stabilization center	18	17.6%	11.3%	0.4%	94.0%
Percentage of MCT dispatches end with an individual needing additional care at an emergency room	21	15.0%	12.0%	0.2%	42.0%
Percentages of MCT dispatches end with an individual needing additional care at an outpatient behavioral health provider	14	33.3%	34.2%	0.5%	72.0%
Percentages of MCT dispatches end with Law Enforcement Involvement or an Arrest	19	4.8%	1.3%	0.0%	29.0%

If an individual served by MCTs are not resolved during the initial encounter, states employ various strategies to follow-up. In 43 states, MCTs make follow-up calls; in 34 states, MCTs make follow-up face-to-face visits; and 30 states facilitate follow-up through a designated service, such as a crisis stabilization center, case manager, or care coordinator. (numbers total to more than 50 states since many states have MCTs use multiple methods of follow-up).

Many SMHAs reported collecting data on MCT outcomes, including:

- Twenty SMHAs on successful connection to needed stabilization services
- Four SMHAs on reduced risk
- Three SMHAs on reduced distress
- Eighteen SMHAs do not currently require follow-up report metrics.

A Place Safe for Help: Crisis Stabilization Programs

Crisis stabilization programs (CSUs) are a key component of behavioral health crisis continuums that provide a safe and dedicated alternative to emergency rooms, psychiatric hospitals, or jails. CSUs have specialized behavioral health staff trained to assist individuals

experiencing a behavioral health crisis who need a safe space for observation, assessment, and stabilization. In 2024, 48 states and territories reported operating 748 CSUs facilities, including 96 CSUs in 19 states that are specialized for serving children and adolescents. A total of 629,684 individuals were served at CSUs in 2024.

Compared to crisis contact centers and MCTs, many fewer SMHAs (14) collected outcomes data for crisis stabilization services. The majority (81 percent) of individuals receiving crisis stabilization services had their crises resolved without requiring more intensive services. Over half (63 percent) of individuals receiving crisis stabilization services departed treatment with an appointment for outpatient behavioral health services. An average of 12.8 percent of individuals who received crisis stabilization services required transfer for additional behavioral health treatment at psychiatric hospitals, detoxification units, or sobering centers. On average, only 4.2 percent required additional care at an Emergency Room. (see Table 3).

Table 3: Crisis Receiving & Stabilization Facility Outcomes Being Tracked by States, 2023

	Number of states reporting	Average	Median	Minimum	Maximum
Percentage of individuals who go to a CSU whose crisis is successfully resolved (does not need to move to more intensive care)	14	81.0%	88.5%	53.9%	97.8%
Percentage of individuals at a CSU who leave with a BH outpatient appointment made	9	63.0%	81.8%	6.7%	100.0%
Percentage of individuals at a CSU who require additional care at Emergency rooms	9	4.2%	4.0%	1.5%	8.0%
Percentage of individuals at a CSU who require additional care at Detox program or psychiatric hospitals	8	12.8%	8.1%	2.0%	48.0%
Percentage of individuals at a CSU who require additional care at a Sobering Center	2	6.3%	2.5%	0.0%	20.0%
Percentage of individuals at CSU who require additional substance use disorder treatment	8	7.6%	8.6%	0.3%	13.4%

Other 2024 NRI State Profile Reports on Crisis Services

This report on Behavioral Health Crisis Services is one of a series of reports that NRI is producing for states on Behavioral Health Crisis Services in 2024. Other Profile Highlight reports focus on:

- Support for Crisis Contact Centers (988 and other crisis contact centers)
- Support for Mobile Crisis Services
- Support for Crisis Stabilization Programs
- Crisis Workforce Issues
- Funding Crisis Services