

Behavioral Health Crisis Services: Technology and Outcomes: 2023

NRI's 2023 State Profiles



July 2024

Information based on Responses from 50 States and DC to NRI's 2023 State Profiles System

Data Systems to Monitor Crisis Services

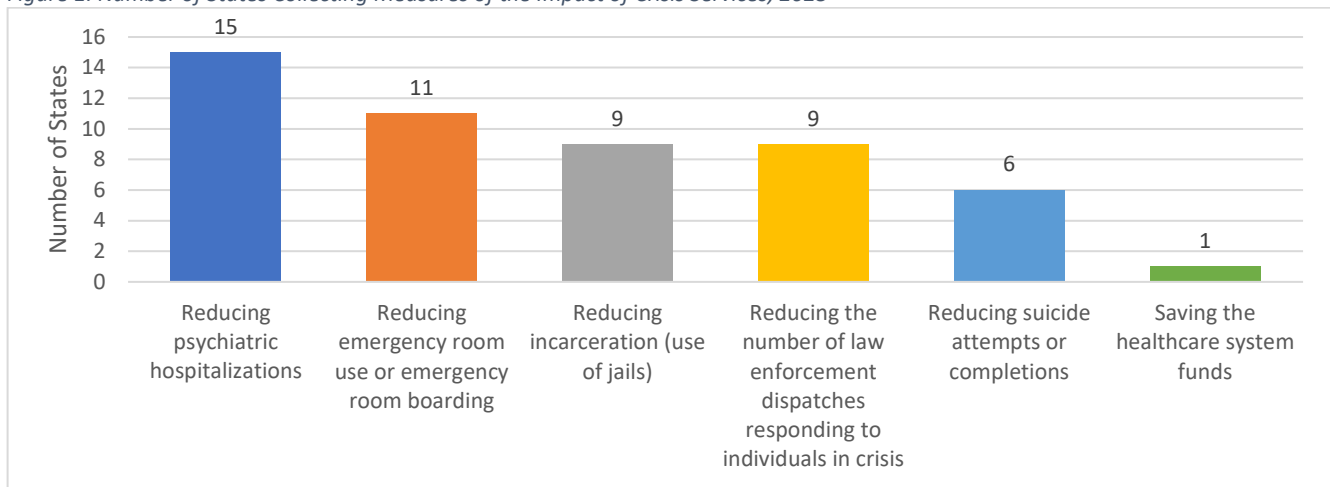
State behavioral health systems are implementing comprehensive crisis systems, building on the (1) **“Someone to Talk To”** set of 988/Lifeline Contact Centers and Other Crisis Contact Centers, (2) **“Someone to Respond”** with Mobile Crisis Teams designed to travel to help clients in crisis and (3) **“A Safe Place for Help”** with short term Crisis Receiving and Stabilization facilities to immediately address crises and reduce the use of emergency rooms and jails.

Tracking the impact of a comprehensive crisis system requires states to implement new data and outcome systems to monitor the effectiveness of these services. Twenty-eight states have established data reporting requirements for Crisis Contact Centers to report on their operations and outcomes. Twenty-five states have data reporting requirements for Mobile Crisis services (MCTs), 22 states have requirements for short term Crisis Residential programs, and 21 states have data requirements for Crisis Receiving and Stabilization facilities (CRSFs).

In 2023, 13 State Mental Health Agencies (SMHAs) are operating systems that monitor data across the behavioral health crisis continuum (tracking flow of clients between the parts of the crisis system such as contact/call centers, mobile crisis teams, and crisis receiving and stabilization centers). These data systems were either built by the state and a vendor (7 states), purchased from a vendor on its own (3 states), or a build and maintained by the state (3 states).

In addition to measuring crisis service encounters (such as the number of contact center calls received, call response times, or number of mobile crisis teams dispatched) many states are starting to measure the impact of these crisis services on clients. Figure 1 shows Crisis System related outcomes being measured by states.

Figure 1: Number of States Collecting Measures of the Impact of Crisis Services, 2023



93.4% (Median)

Of Crisis Contact Center Contacts Are Resolved* During the Contact

68% (Median)

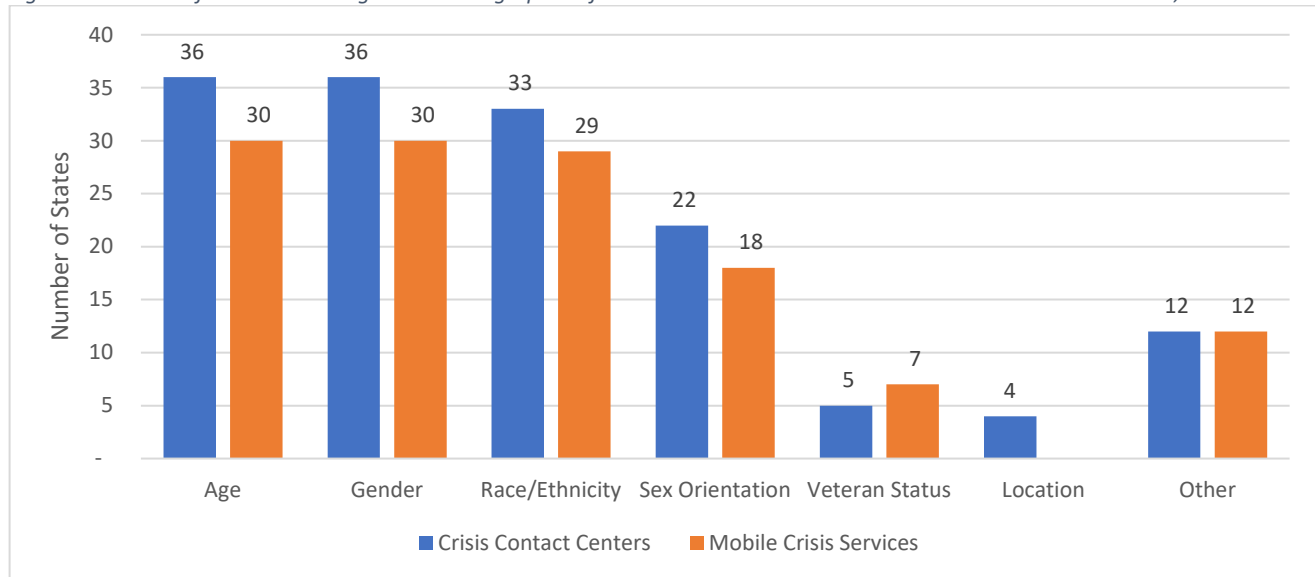
of Mobile Crisis Team Dispatches Are Resolved on site without More Intensive Services

1.5% (Median)

of Crisis Contact Centers Result in Law Enforcement Being Dispatched

Most states are now collecting information about the demographics and other characteristics of individuals contacting Crisis Contact Centers and using Mobile Crisis Services. Figure 2 shows 36 states are collecting data on age, gender, race, and sexual orientation of individuals calling, texting, or chatting with 988 or other Crisis Contact Centers and that 44 states are collecting such information for individuals receiving Mobile Crisis Services. (see Figure 2).

Figure 2: Number of States Collecting Client Demographic information at Crisis Contact Centers and Mobile Crisis Service, 2023



Crisis System Data Visualizations/Dashboards

Seventeen SMHAs have data dashboards that track crisis service information:

- 15 states have Crisis Contact Center Dashboards (up from 11 states in 2022)
- 8 states have Mobile Crisis Service Dashboards (up from 7 states in 2022)
- 7 states have CRSF Dashboards (same as in 2022)
- 5 states have Dashboards that cover the entire crisis spectrum (up from 4 in 2022)

Twelve states have a crisis services data dashboard that is available to the public:

- Arizona: <https://public.tableau.com/app/profile/crisis.network/viz/AZ600StatewideDashboard/AZ600StatewideDashboard>
- Georgia: <https://988ga.org/data>
- Iowa: https://hhs.iowa.gov/sites/default/files/SFY2021_MHDS_Regions_Statewide_Dashboard_FINAL_0.pdf
- Idaho: <https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=29881&dbid=0&repo=PUBLIC-DOCUMENTS>
- Louisiana: <https://ldh.la.gov/988>
- North Carolina: [Workbook: 988 Performance Dashboard \(ncdhhs.gov\)](https://www.ncdhhs.gov/workbook/988-performance-dashboard)
- Ohio: [Crisis Services Dashboard | Department of Mental Health and Addiction Services \(ohio.gov\)](https://www.ohio.gov/crisis-services-dashboard)
- Oklahoma: <https://public.tableau.com/app/profile/crisis.network/viz/OKPublicDashboard/OKDashboard>
- South Dakota: <https://www.helplinecenter.org/9-8-8/data/>
- Tennessee: <https://www.tn.gov/behavioral-health/research/fast-facts/crisis-served.html>
- Utah: <https://public.tableau.com/app/profile/dhs.reports/viz/MCOTDASH/Dashboard1>
- Wisconsin: <https://www.dhs.wisconsin.gov/crisis/988-data-dashboard.htm>

Someone to Talk To: Behavioral Health Crisis Contact Centers:

Every state is supporting at least one behavioral health crisis call center participating in the new “988 Suicide and Crisis Lifeline”. The 988 Contact Centers are available 24/7 and staffed by clinicians that provide behavioral health crisis intervention via telephone, texting, and online chat. In addition to the 988 network of contact centers, 36 states reported they have over 425 additional behavioral health contact centers that existed before the 988 system and 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 2.66 million crisis contacts last year.

States reported that the majority (average of 86.4 percent and median of 93.4 percent) of crisis contacts received at either 988 or other crisis contact centers were successfully resolved during the contact (did not require immediate face-to-face follow-up by a MCT, EMS, or law enforcement). On average, 22 percent of contacts ended with a referral for outpatient services (the median was 18 percent). A median of 3 percent of contacts ended with a mobile crisis team being dispatched and even lower rates of Law Enforcement or EMS dispatch (see Table 1):

Table 1: Crisis Contact Center (988 and Other Center) Outcomes Being Tracked by States, 2023

	Number of states reporting	Average	Median	Minimum	Maximum
Percentage of calls that are successfully resolved during the call (individual does not need immediate in-person response)	32	86.4%	93.4%	22.0%	100%
Percentage of calls that end with Outpatient Service Referral	25	22.0%	18.0%	2.0%	91.4%
Percentage of calls that result in Mobile Crisis being dispatched	27	6.3%	3.0%	0.0%	36.9%
Percentage of calls that result in Law Enforcement being dispatched	26	2.0%	1.5%	0.8%	5.0%
Percentage of calls that result in Emergency Medical Services (EMS) being dispatched	20	1.5%	1.4%	0.2%	5.0%
Percentage of calls transferred to 911	26	1.5%	1.2%	0.1%	5.0%

Someone to Respond: Mobile Crisis Teams (MCTs)

Mobile Crisis Teams 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 2 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 2023, 50 states reported they currently have 1,820 mobile crisis teams (MCTs) that responded to over 770,000 individuals.

Only 16 states were able to report on the outcome of MCT dispatches, so caution must be taken with the reported results due to the low number of states reporting. The majority (average of 62.9 percent and median of 68 percent) of MCT dispatches were resolved during the initial encounter with the individual in crisis, and 28 percent (average with median of 23 percent) ended with a referral for outpatient mental health or substance abuse treatment. Only 9.3 percent ended up being transported to a crisis receiving & stabilization facility and

10.9 percent (average with median of 6.6 percent) ended up being transported to an Emergency Room for additional care (see Table 2).

Table 2: Mobile Crisis Team Outcomes Being Tracked by States, 2023

	Number of states reporting	Average	Median	Minimum	Maximum
Percentage of MCT dispatches that are successfully resolved during the initial encounter with the individual in crisis	16	62.9%	68.0%	3.7%	88%
Percentages of MCT dispatches that end with an individual needing additional care at an outpatient behavioral health provider	13	28.0%	23.0%	1.0%	80.0%
Percentage of MCT dispatches that end with an individual needing additional care at an emergency room	14	10.9%	6.6%	1.0%	56%
Percentage of MCT dispatches that end with an individual needing additional care at a crisis stabilization center	14	9.3%	9.3%	1.0%	22.5%
Percentages of MCT dispatches that end with Law Enforcement Involvement or an Arrest	11	9.7%	5.0%	0.2%	38.0%

Some Place Safe For Help: Less than 24-Hour Crisis Receiving and Stabilization Facilities (CRSFs)

CRSFs are a key component of behavioral health crisis services that provide a safe and dedicated alternative to emergency departments, psychiatric hospitals, or jails. CRSFs 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 2023, 45 states and territories reported operating 576 CRSF facilities, including 37 CRSFs in 29 states that are specialized for serving children and adolescents. A total of 633,673 individuals were served at CRSFs in 2023.

Many fewer states (8 states) were able to report on outcomes for crisis visits to CRSFs than outcomes for Contact Centers and Mobile Crisis Services. The majority (an average of 63.7 percent and median of 73.2 percent) of individuals served at CRSFs had their crisis resolved sufficiently that they did not need to move on to a more intensive level of treatment. Over half (average of 59.6 percent/median of 45 percent) of individuals left a CRSF visit with an appointment for outpatient behavioral health services. Less than 20 percent of individuals seen at a CRSF required transfer for additional behavioral health treatment at psychiatric hospital care, detoxification, or sobering center. Only 5.2 percent (average/median of 4.5 percent) required additional care at an Emergency Department (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 CRSF program whose crisis is successfully resolved during the initial (does not need to move to more intensive care)	8	63.7%	73.2%	24.0%	85%
Percentage of individuals at a CRSF program who leave with a BH outpatient appointment made	3	59.6%	45.0%	43.9%	90%
Percentage of individuals at CRSF programs who require additional care at Emergency rooms	6	5.2%	4.5%	0.9%	12%
Percentage of individuals at CRSF programs who require additional care at Detox program or psychiatric hospitals	8	13.7%	14.7%	1.0%	32%
Percentage of individuals at CRSF programs who require additional care at a Sobering Center	1	4.0%	4.0%	4.0%	4%

Other 2022 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 2023. Other Profile Highlight reports will focus on:

- Support for Crisis Contact Centers (988 and other contact centers)
- Support for Mobile Crisis Services
- Support for < 24 Hour Crisis Stabilization Programs
- Crisis Workforce Issues
- Funding Crisis Services
- Barriers (and state initiatives) to provide Crisis Services statewide 24/7

Please contact NRI at profiles@nri-inc.org with any questions or comments about this and other State Profiles reports.