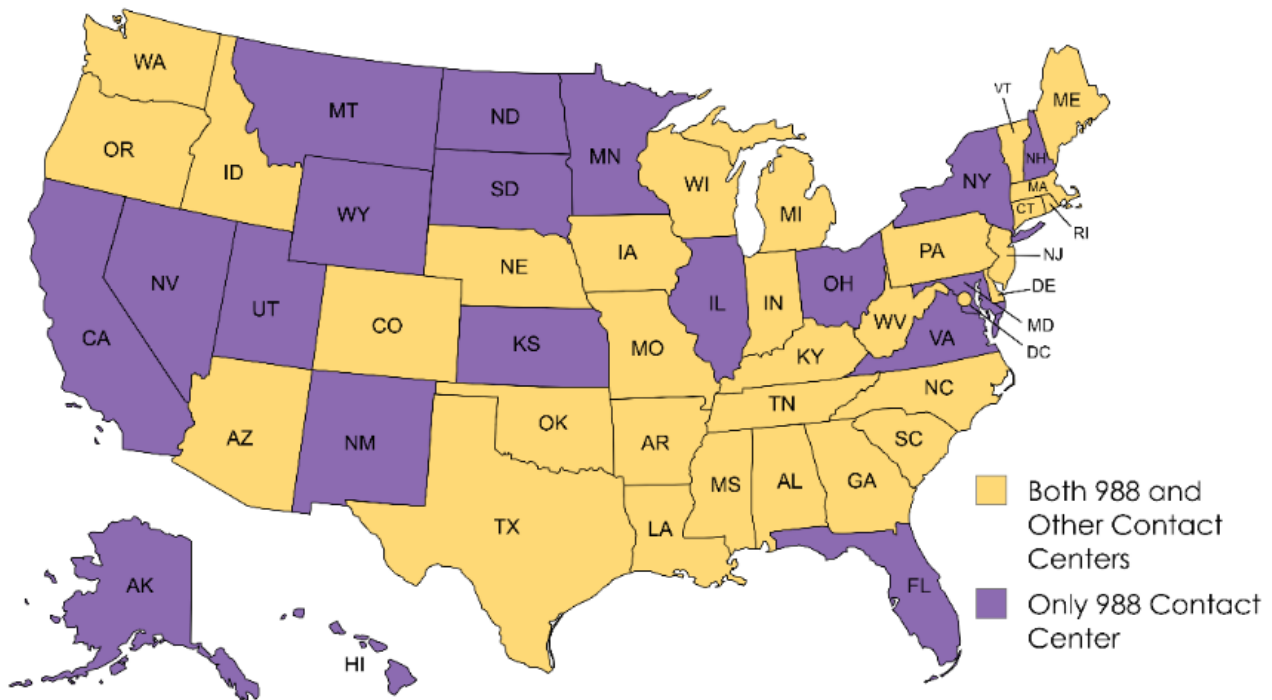


Crisis Contact Centers: SOMEONE TO TALK TO

Behavioral Health Crisis Contact Centers are the front door to behavioral health crisis care and are staffed by clinically trained behavioral health workers. SAMHSA's [2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care](#) recommends for every state to have crisis contact centers that provide crisis intervention capabilities (telephonic, text, and chat) for risk assessment and engagement of individuals at risk of suicide and any other behavioral health crisis.

Figure 1: States Supporting Both 988/Lifeline and Other Contact Centers or Only 988/Lifeline Centers, 2024



In 2024, 573 behavioral health crisis contact centers operating in 50 states and the District of Columbia answered more than 7.9 million calls, texts, or chats requesting assistance (50 states reporting). Every state is supporting at least one behavioral health crisis contact center participating in the 988/Lifeline. 988/Lifeline contact centers are available 24/7 and staffed by clinicians that provide behavioral health crisis interventions via telephone, text, and chat. In addition, each center is expected to provide real-time crisis care coordination, that is, not just provide a referral, but ensure that a caller receives appropriate care indicated by their situation. The 988/Lifeline contact centers are part of a national crisis contact center network with backup centers that can respond if a particular

573

988 and Other
Crisis Contact
Centers

7.9 M+

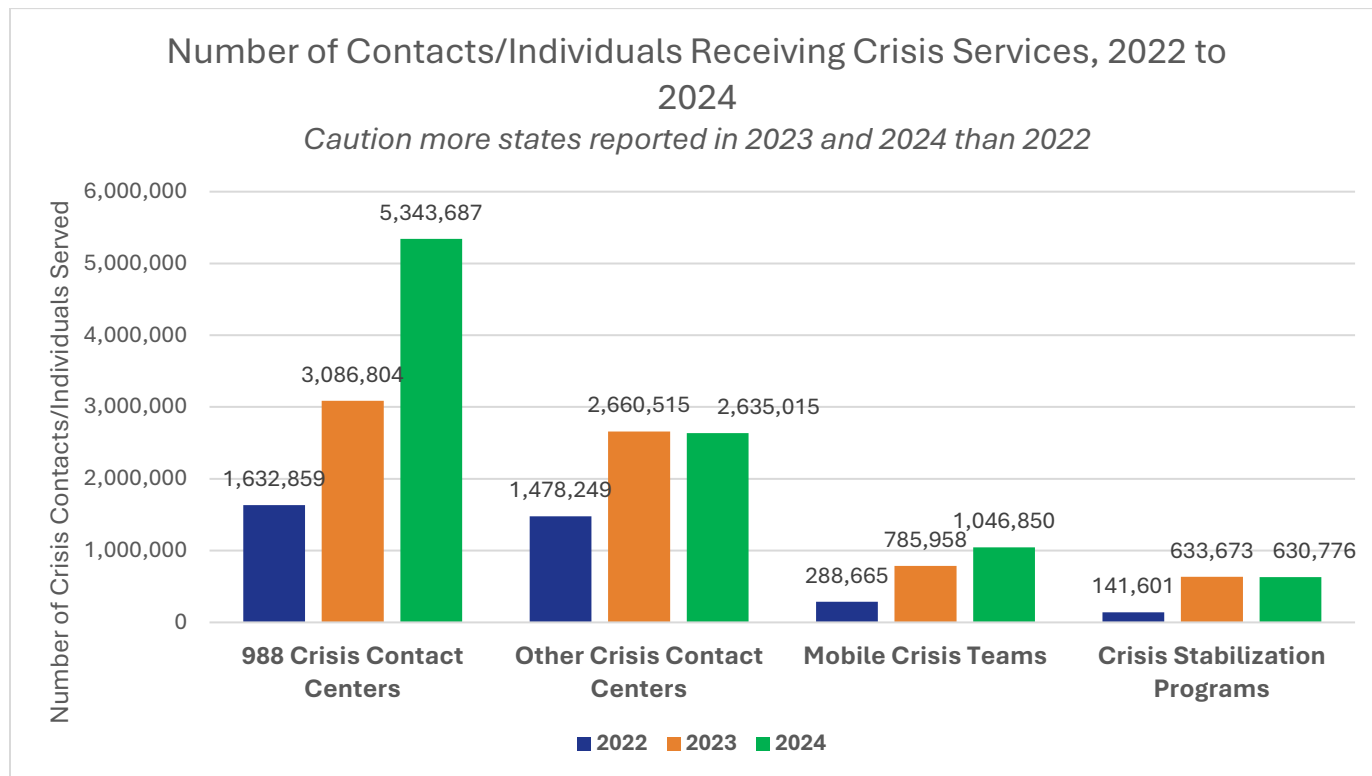
Crisis Contacts
Answered

69%

Crisis Contacts
Resolved without
Referral to Additional
Care (Median)

contact center becomes too busy to answer calls or have non-English language needs. 988/Lifeline contact centers across 51 reporting states responded to 5,343,687 texts and chats in 2024.

In most states, the State Mental Health Authority (SMHA) is responsible for overseeing 988/Lifeline contact centers, but in seven states (AR, CO, ID, LA, MA, MN, and WA), responsibility for the operation of 988/Lifeline services are located in a different state agency than the SMHA (typically in the Department of Health). In 2024, an average of nearly four (3.8) 988/Lifeline crisis contact centers were operating in each state, a median of two per state. There was an average of 10.6 non-lifeline call centers per state with a median of 5. States averaged 107,040 crisis contacts received, ranging from 4,892 contacts in Wyoming to 602,878 in New York.



Many 988/Lifeline Contact Centers Operate Additional Crisis Hotlines or Warmlines

Twenty-nine states reported that their 988/Lifeline Call centers are also operating additional crisis hotline or warmline numbers, which respond to local crisis contacts and specialized services such as substance abuse. Six states' warmlines operate under the 988/Lifeline centers. According to the National Alliance on Mental Illness (NAMI), "Unlike a hotline for those in immediate crisis, warmlines provide early intervention with emotional support that can prevent a crisis - and a more costly 911 call or ER visit."

Operation of non-Lifeline Contact Centers

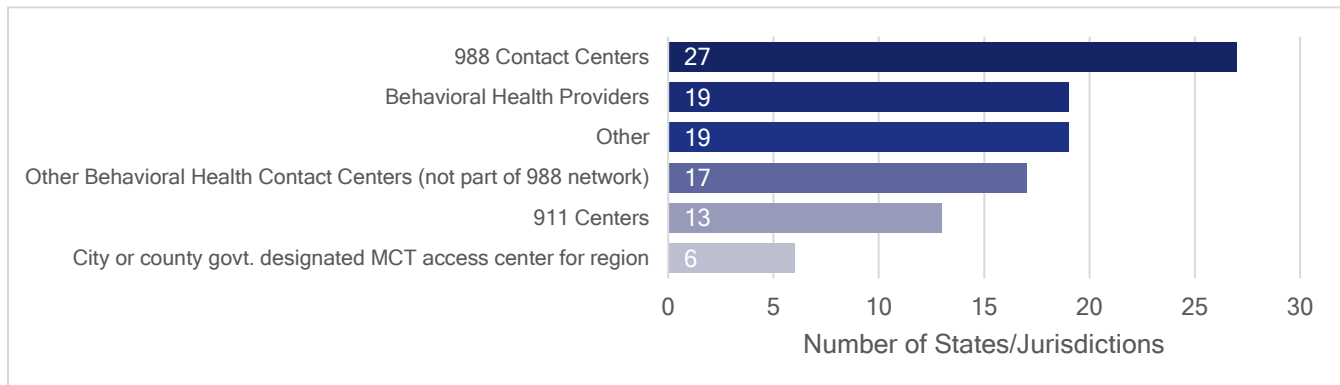
Thirty-six states support additional crisis contact centers that are not currently part of the national 988/Lifeline system. These 371 non-contact centers are operated by a variety of provider organizations. Community mental health providers, such as community mental health centers (CMHCs), are the most frequent type of organization that operates crisis contact centers (8 states). Managed care organizations (MCOs) operate crisis contact centers in four states, followed by Certified Community Behavioral Health Centers (CCBHCS) (9 states), State Mental Health Authorities (SMHAs; 3 states), and regional or county behavioral health providers (6 states).

With the July 2022 launch of the 988, six states reported some of their non-Lifeline contact centers were in the process of joining the 988/Lifeline system, while 23 states reported they will continue to operate or fund crisis contact centers that will operate independent of the 988/Lifeline system. Examples of these other contact centers and their relationships with 988/Lifeline include:

- Alabama- 19 non-988 crisis contact centers are operated by 19 CMHCs. The 19 CMHCs also have access to care lines for referrals. Wings Across Alabama warm line accepts crisis calls.
- District of Columbia- DBH operates the only call center
- Iowa- Your Life Iowa is the current statewide crisis line and the agency operating it is a mobile response dispatching entity for several mobile response teams throughout the state. Iowa intends to transition to 988 as the statewide crisis line/dispatcher of mobile response, and Your Life Iowa is the information and resource hub for behavioral health.
- Kentucky- 988 and non-Lifeline crisis lines are operated by KY's 14 CMHCs. They operate in parallel. Each CMHC is required by contract to provide a 24/7 crisis line, and the local lines were in existence prior to 988.
- Missouri- Four of the seven Lifeline contact centers also operate ACI hotlines as well as mobile crisis response services. Three of the seven Lifeline contact centers operate Behavioral Health Crisis Centers for crisis stabilization services.
- Nebraska- The Nebraska Family Helpline provider is the same provider for 988 Nebraska. Crisis counselors are cross-trained to answer both lines. The 24-hour crisis lines are operated outside of the 988 system. Discussions have been ongoing to eliminate these other lines and utilize 988; however, many of the callers are repeat callers and rely on the crisis lines as part of their crisis plans and there was no support to eliminate those.
- New York -With the advent of georouting, the local crisis lines that have operated outside of 988 have more incentive to migrate into the 988 system as it is more likely to ensure that calls and texts will be answered by the center nearest the caller. Currently, New York State does not consider local crisis lines to be part of the comprehensive crisis response system.
- Ohio- Some local behavioral health authorities are transitioning their local crisis line services to 988
- Oklahoma- The SMHA uses a warm transfer protocol from 988 to the CCBHC, where appropriate. CCBHCs also have the ability to self-dispatch mobile crisis teams (MCTs). CCBHCs are required to maintain their own Crisis Lines.
- Pennsylvania- Some non-988 call centers continue to operate fully outside of the 988 system, but several are operated by the same providers who operate 988 call centers.
- West Virginia- CCRL acts as the single point of entry for access to children's services.

Dispatch of Mobile Crisis Team Services

MCTs are dispatched by 988 contact centers in 27 states; non-988 contact centers in 17 states; city, or county government designated MCT regional access centers in 6 states; 911 centers in 13 states; and behavioral health providers in 19 states. Notably, multiple crisis programs may dispatch MCTs in many states, so summing the aforementioned responses may exceed the total 50 states and District of Columbia reporting. See Figure 2.

Figure 2: What Crisis System Components Dispatch Mobile Crisis, 2024

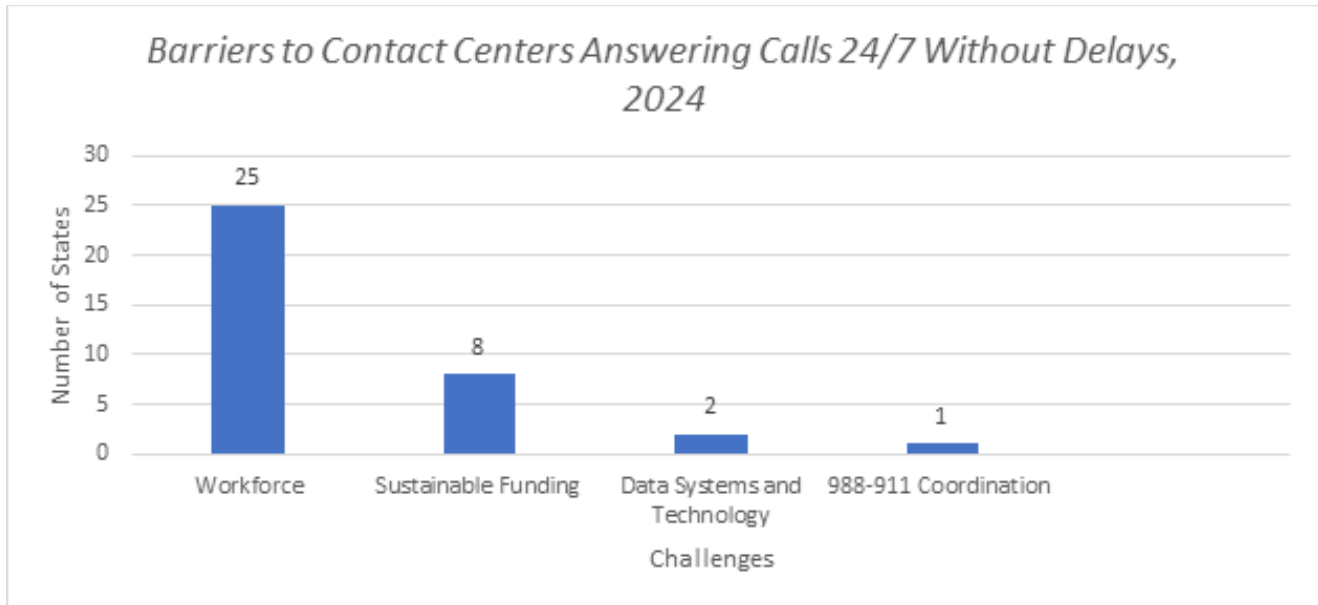
Challenges to 24/7 Availability

Workforce issues are the most cited challenge for 24/7 crisis contact center availability. Among the 46 states with responses, 25 described workforce shortages as the most significant barrier to providing 24/7 services across their state. States have the greatest difficulty staffing the second and third shifts, which states report are the shifts with the highest volume of calls. Sustainable funding for these centers is also a significant challenge, with eight states reporting this issue.

Three states reported issues with data collection, geo-routing, and technology (including implementing text and chat capabilities) as challenges they are addressing, and six states report issues with coordination across the system as a significant barrier (i.e., having linkages to MCTs and other needed follow-up crisis services). Four states mentioned 988/911 interoperability as a key issue. Some states reported a lack of public awareness as a barrier to their contact centers.

States reported a variety of approaches to address workforce shortages. Common solutions include increased salaries, offering remote work, and career advancement opportunities. One state mentioned marketing campaigns to improve recruitment, and one state reported collaborating with universities in the state to promote crisis professions. One state reported regular calls with Vibrant Emotional Health, the national organization responsible for supporting the 988/Lifeline, to improve coordination between contact centers and the crisis system, as well as to address issues as they arise. To address funding, states reported applying for SAMHSA capacity grants, implementing telecom fees, and a combination of state and local funding (See Figure 3).

Figure 3: Barriers to Contact Centers Answering Calls 24/7 Without Delays, 2024



Steps to Address Challenges to Crisis Contact Center 24/7 Availability:

Most (36) of the states are working to address challenges to improve 24/7 in-state availability. State approaches include increasing funding (including using new grants, state funds, and phone fees), initiatives to hire additional clinical staff, training peer specialists to work on contact centers, and changing work requirements (such as changing shifts and allowing remote work opportunities for contact center staff). Examples of state initiatives to support and improve crisis contact center services include:

- Kentucky:** 1. One 988/call center in the state was awarded funding at the end of 2024 and anticipates achieving 24/7 chat/text coverage by fall of 2025., 2. A statewide workgroup developed a 988/call center training plan based on feedback from providers. Training is now offered both in-person throughout the year and virtually every month. Training includes some population specific information (e.g., older adults; youth) as well as call simulation exercises as requested by providers. The training plan will continue to be improved and adapted as feedback continues.
- Maryland:** Increased demand for 988/Lifeline text and chat services has led to a strain on the system.: Maryland has worked with its 988/Lifeline call center vendors, SAMHSA, and Vibrant Emotional Health to better understand the reason for low answer rates for text/chat. As a result of this analysis, the state is in discussion with one 988/Lifeline call center that is interested in adding text/chat capability, and the state is planning to fund additional text/chat specialists to increase capacity. The other contact centers will join 988 in 2027.
- New Hampshire:** Staffing continues to be a challenge, both hiring individuals into the work of answering crisis calls/texts/chats and retaining them in the workforce.: The state is offering newly developed certifications specific to crisis work and peer support specialist curriculum to complement the current workforce.
- New Mexico:** New Mexico is experiencing challenges across the state, but especially in areas with limited internet connection and poor cellular service, and where behavioral health professional recruitment and retention is challenging. In 2021, 22% of New Mexicans reported experiencing frequent mental distress (defined by 14 or more days when their mental health was 'not good') (NM-IBIS, 2021). In addition, in 2023, 36.4% of adults in NM reported symptoms of anxiety and/or depressive disorder compared to 32.3% of adults in the U.S (Kellogg Foundation, 2023). A suicide rate of 24.7 per 100,000 individuals in 2020 is also higher in NM compared to the national rate of 13.5 per 100,000 (CDC, 2022). In 2022, NM had the eight highest drug overdose rate in the U.S., a rate of 50.3 per 100,000 compared to 32.6 per 100,000 (CDC, 2022). During the 2025 New Mexico Legislative Session, Governor Michelle Lujan Grisham signed Senate Bill 535, legislation to strengthen public safety and crisis response. Through this

legislation, funds for the NM 988/Lifeline Crisis and Access Line will be established through a telecom relay surcharge where a portion of that revenue will support crisis services.

- South Carolina:** Workforce hiring and staff retainment are the biggest challenges, particularly for the second, third, and weekend shifts. Recruitment activities and training practices have been improved, including hiring a human resources manager and trainer. One contact center also adopted a well-being focused culture to improve staff retainment. Staff at both 988/Lifeline centers have access to the Credible Mind platform for self-care.

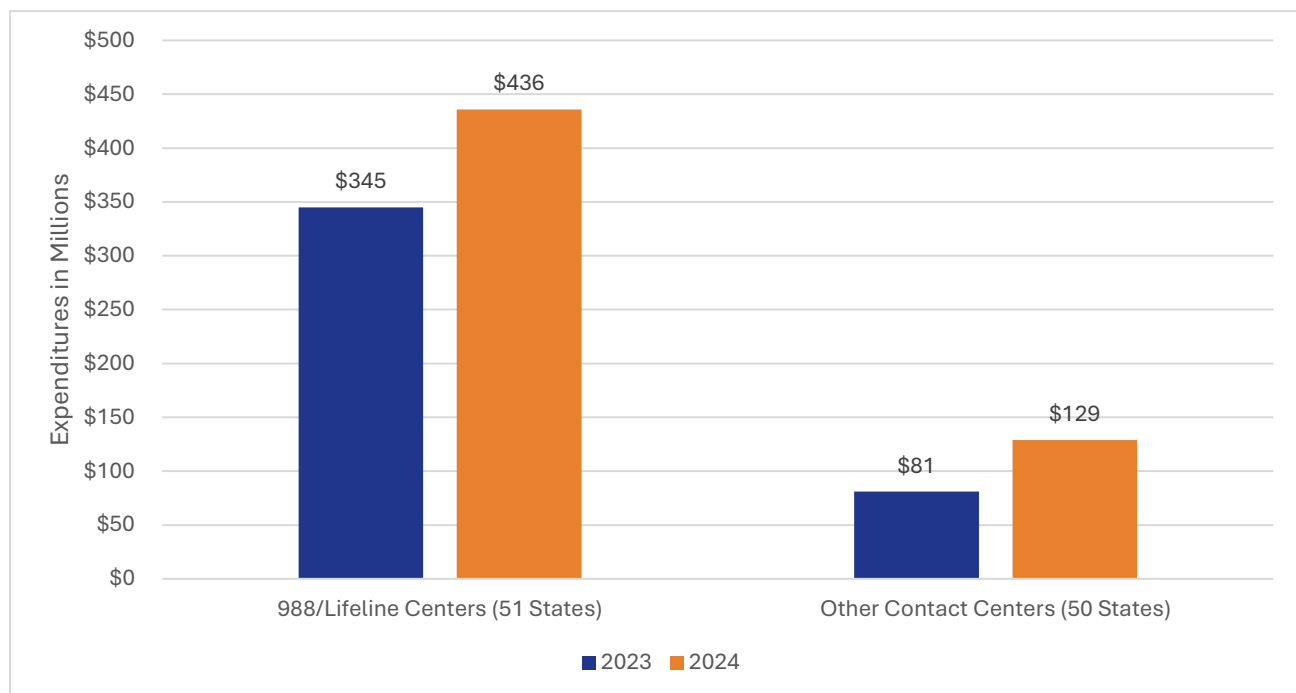
In 32 states, 988/Lifeline contact centers are entirely staffed by paid employees, while in 19 states a combination of paid staff and volunteers answer calls, texts, and chats. To facilitate recruitment and retention of their workforce in 32 states 988/Lifeline staff can work remotely.

Financing Crisis Contact Centers

Fifty states reported spending \$436 million for 988/Lifeline Crisis Contact Centers last year, an average of \$8.7 million per state (the median was \$4.3 million). The highest expenditure was from New York at \$71.5 million to a low of \$90,791 from Delaware. Over \$129 million was spent on non-lifeline call centers. The highest expenditure was \$25.6 million in Arizona and a low of \$60,480 in Tennessee. Expenditures for 988/Lifeline Contact Centers have increased from \$217 million in 2022 (37 states) to \$436 million in 2024 (50 states), a 50.2 percent increase.

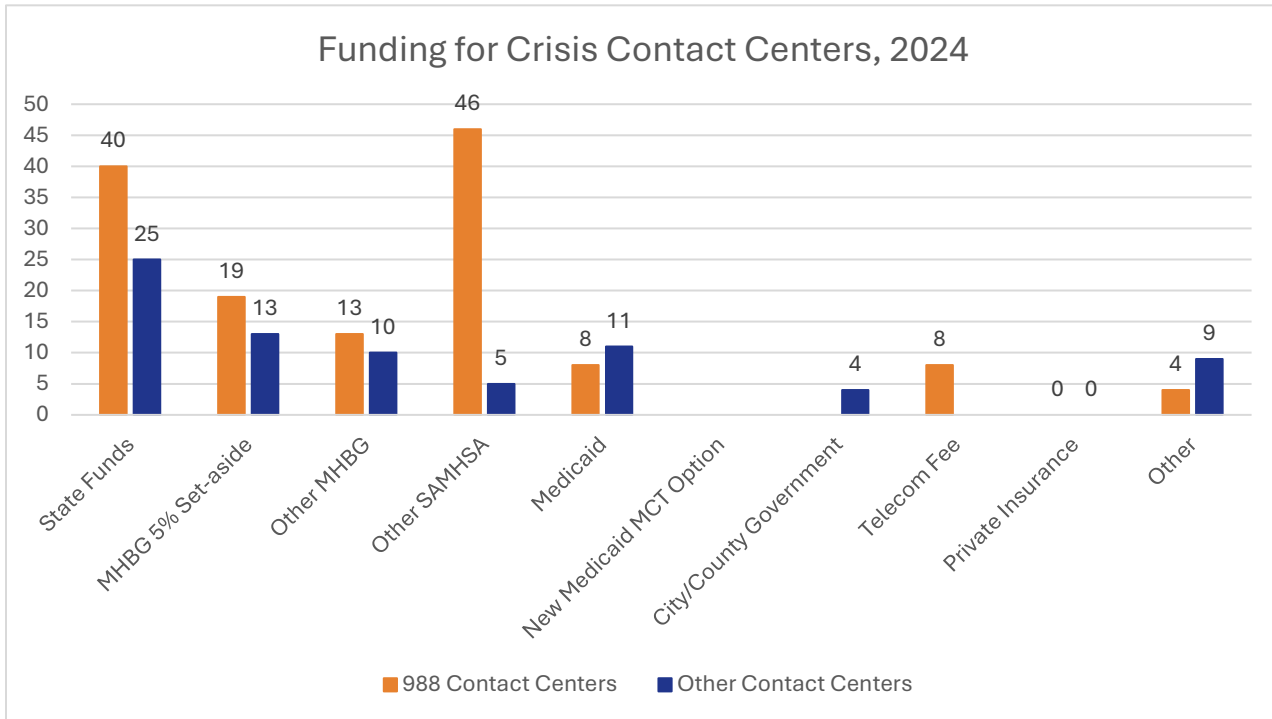
Among states that reported expenditures for both 2023 and 2024, expenditures for 988/Lifeline centers increased from \$349 million to over \$436 million (a 25 percent increase). Expenditures for Other Crisis Contact Centers increased from \$81 million to \$129 million (a 59 percent increase) (See Figure 4).

Figure 4: Expenditures for 988/Lifeline and Other Crisis Contact Centers, 2023 and 2024 for states reporting data both years



States are financially supporting crisis contact centers through a variety of sources, with SAMHSA funds supporting 988/Lifeline Contact Centers in most states, followed by state general funds and the Mental Health Block Grant (MHBG; see Figure 5).

Figure 5: Major Funding Sources for Crisis Contact Centers, 2024



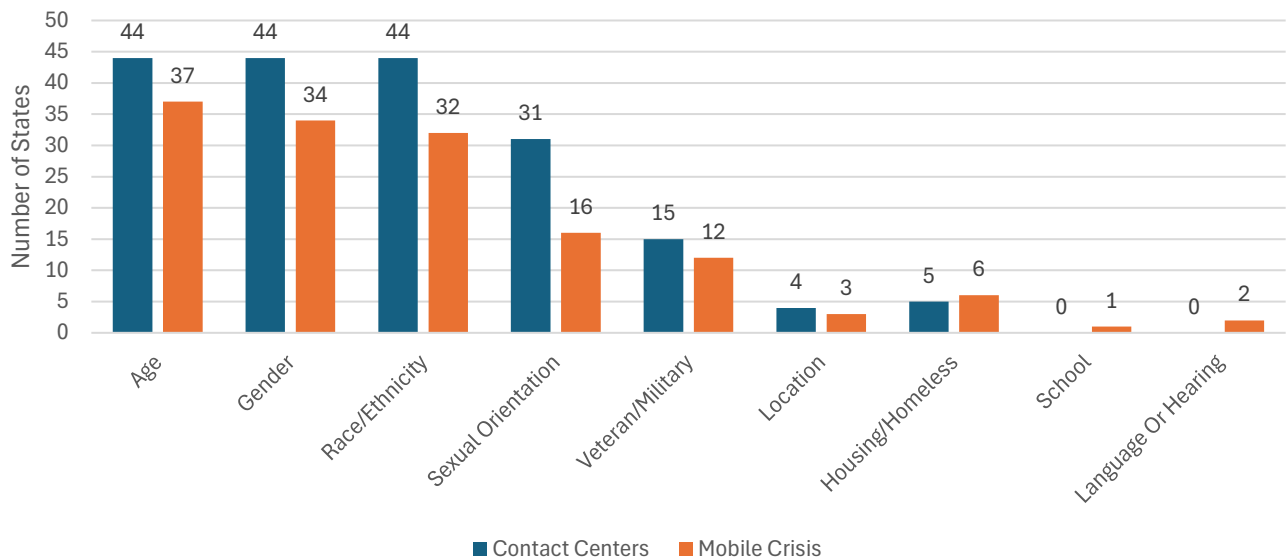
Data/Outcomes from Crisis Contact Centers

States reported that most of the contacts received by their crisis contact centers are addressed by the trained staff that answer the calls and do not require immediate face-to-face follow-up by a behavioral health specialist or law enforcement. Forty-four states report tracking outcomes from crisis contact centers.

Figure 6 shows that 44 states are collecting demographics and other characteristics of individuals contacting Crisis Contact Centers. Other collected demographics include military status, tribal affiliation, intellectual and developmental disability, insurance status, housing status, and geographic location.

Figure 6: Number of States Collecting Demographic and Other Information About Individuals Served by Crisis Contact Centers, 2024

Figure 2: Number of States Collecting Client Demographic and other Information at Crisis Contact Centers and Mobile Crisis, 2024



States reported that the majority (median of 61.1 percent) of crisis contacts received at either 988/Lifeline or other crisis contact centers were successfully resolved during the contact and did not require immediate face-to-face follow-up. On average, 21.8 percent of contacts ended with a referral for outpatient services (the median was 13 percent). A median of 3.4 percent of contacts ended with a mobile crisis team being dispatched and even lower rates of Law Enforcement or Emergency Medical Services dispatch (see Table 2):

Table 2: Crisis Contact Center (988/Lifeline and Other Center) Outcomes Being Tracked by States, 2024

	NUMBER OF STATES REPORTING	AVERAGE	MEDIAN	MINIMUM	MAXIMUM
Percentage of calls that are successfully resolved during the call	35	61.1%	69.0%	4.8%	96.8%
Percentage of calls that end with Outpatient Service Referral	31	21.8%	13.0%	0.4%	90.0%
Percentage of calls that result in Mobile Crisis being dispatched	35	4.9%	3.4%	0.0%	21.0%
Percentage of calls that result in Law Enforcement being dispatched	30	1.4%	1.0%	0.0%	6.0%
Percentage of calls that result in Emergency Medical Services (EMS) being dispatched	27	1.2%	1.0%	0.0%	4.0%
Percentage of calls transferred to 911	27	1.6%	1.0%	0.0%	12.3%
Percentage of contacts resulting in outpatient mental health or SUD service (non-crisis) referrals	31	15.6%	13.0%	0.1%	78.3%

Several states now have crisis contact center dashboards that publicly show 988/Lifeline data:

- Alabama: <https://mh.alabama.gov/988-report-card/>; <https://mh.alabama.gov/mobile-crisis-teams-report-card/>; <https://mh.alabama.gov/crisis-center-report-card/>
- Arizona: <https://public.tableau.com/app/profile/crisis.network/viz/AZ600StatewideDashboard/AZ600StatewideDashboard>
- California: <https://behavioralhealth-data.dhcs.ca.gov/>
- Colorado: <https://public.tableau.com/app/profile/crisis.network/viz/CO600CrisisLineDashboard/CO600CrisisLine>
- Connecticut: www.ctmentalhealthservices.com
- Florida: <https://www.myflfamilies.com/BakerActDashboard>
- Georgia: <https://988ga.org/data>
- Hawaii: <https://bh808.hawaii.gov/behavioral-crisis/>
- Kentucky: <https://www.ky988data.org/>
- Massachusetts: <https://www.mass.gov/info-details/behavioral-health-help-line-dashboard>
- Nebraska: https://datanexus-dhhs.ne.gov/views/988ActivityDashboard_17132906644320/AbouttheData?%3Aembed=y&%3Aiid=1&%3AisGuestRedirectFromVizportal=y
- North Carolina: [Workbook: 988 Performance Dashboard \(ncdhhs.gov\)](https://ncdhhs.gov/workbook/988-Performance-Dashboard)
- North Dakota: <https://myfirstlink.org/firstlink-data-dashboard/>
- Ohio: [Crisis Services Dashboard | Department of Mental Health and Addiction Services \(ohio.gov\)](https://mha.ohio.gov/research-and-data/dashboards-and-maps/dashboards/tableau-resources/crisis-services-dashboard) <https://mha.ohio.gov/research-and-data/dashboards-and-maps/dashboards/tableau-resources/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://sumh.utah.gov/data-portal-home/>
- Wisconsin: <https://www.dhs.wisconsin.gov/crisis/988-data-dashboard.htm>

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 will focus on:

- State Support for Crisis Service Continuum (Contact Centers, Mobile Crisis, Crisis Receiving & Stabilization)
- State Support for Mobile Crisis Services
- State Support for Crisis Stabilization Facilities
- Outcomes and Technology of Behavioral Health Crisis Services

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